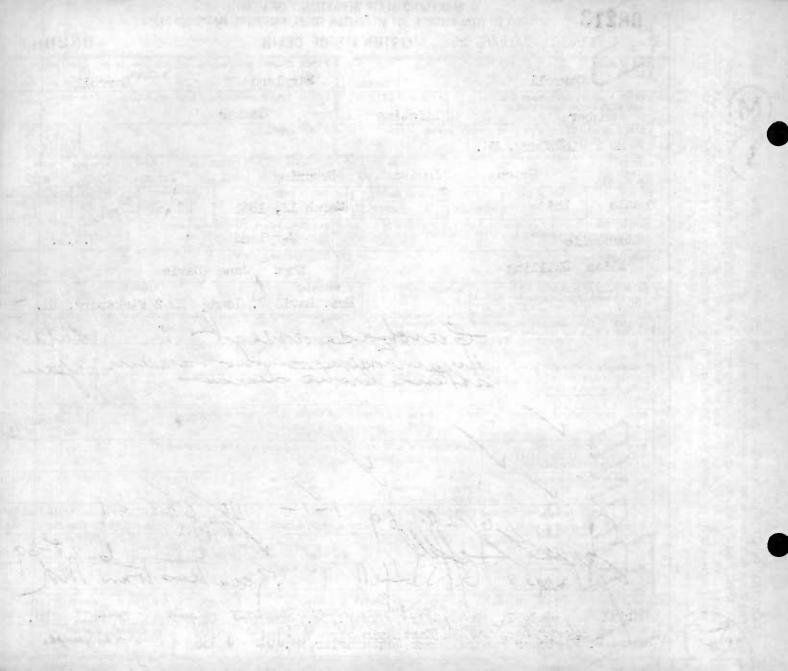
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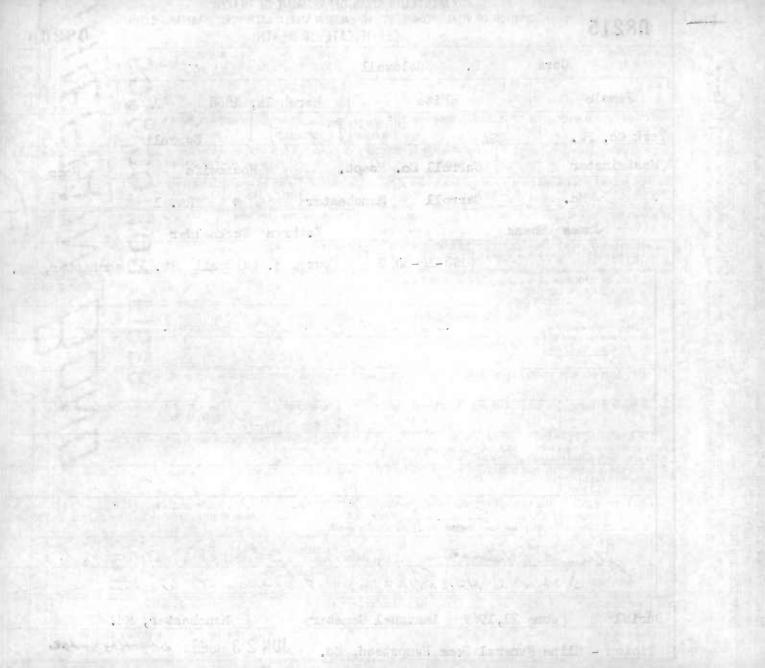
MARYLAND STATE DEPARTMENT OF HEALTH



Cora   Brooks   Cora	1. DECEASED-NAME Firs		CERTIFICATE OF DEATH	20. DATE OF DEATH	08207
Female   Negro   5/23/77   Spenthopy   1/25   South   Desir	17 1 1				9 Yeor 2:30P
To BIRHPLACE (Stote of Grough Country) Virginia  USA  Windows Subject (Stote of Grough USA  USA  Windows Subject (Stote of Grough USA  USA  Windows Subject (Stote of Grough USA  USA  USA  USA  USA  USA  USA  UNDOWS Subject (Stote of Grough USA  USA  UNDOWS Subject (Stote of Grough USA  USA  USA  UNDOWS Subject (Stote of Grough USA  USA  UNDOWS Subject (Stote of Grough USA  USA  USA  USA  USA  USA  USA  USA				(gr) birthday) Mi	
Roural Sykes ville   Sign street oddiess   Springfield State Hospital				9. COUNTY OF DEATH	
Sa. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)   State   Md.   State   M	RuralSykesvil	lle give street address) Springfield	State Hospital during mo	L OCCUPATION (Kind of work done ost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
William. Young Eliza - ?    16a. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT   Address   Yes   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	admissian) STATE Md.	osed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LIV	MITS7 13e. STREET AND NUMBER 519 Lanvale S	treet
Yes, Bo, or unknown    (If yes give wor or dates of service)   220-51-6310T   Springfield Hospital records, Sykesville, IN	Willia	am Youn	g El	rst Middle Liza -	? Last
PART I. DEATH WAS CAUSED BY:    MANDIAITE CAUSE (a)	16a. WAS DECEASED EVER IN U.S. AR Yes, no, or unknawn) (If yes give				
Syndrome associated with cerebral arteriosclerosis with psychotic reaction.  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20a. AUTOPSY? YES NO M  21b. TIME OF INJURY  19 CAUSES OF DEATH?  10	PART I. DEATH WAS CAUS IMMED  42.70  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (c)  CONGES  CONGES  CONGES  CONSEQUENCE OF  (c)	tive heart failure	ONDITION GIVEN IN PART 1(a) Chro	days
County   C	armalmama agai	ociated with cerebr	al arteriosclerosis FORMED 200. AUTOPSY? YES \( \) NO \( \)	20b. IF YES, WERE FINDINGS CON: CAUSES OF DEATH?	eaction.  SIDERED IN CERTIFYING
While at wark	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. Manth Day Year niner) P.M.			
23d. RURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	While at wark 220. I certify that (\$\mathbb{X}\$) (the sow the deceased accuses stated above 22b. SIGNADURE	his hospitol) ottended the deceose alive on 120/12 ve, (14 (we) (did) (14) (14) (14) (view the	d from 9/26/, 1962 1992 one that in (2004) (our) opin body offer death.  ATTENDING ME PHYS. DIII	B, to 6/20/, 19 6 nion death occurred on the date  ED. STAFF RECTOR PHYS. 3 6 ringfield State Ho	9, that (f) (we) lose and hour and from the ISIGNED /20/69

the land sections and the same sections. State of the same of the same

00413		301 W. PRESTON STREET, BACERTIFICATE OF DEATI		08208
1. DECEASED-NAME (Type or print) First Cora:	L. Middle Calc	last	20. DATE OF DEATH  OUNTE Month 180	Pay 1869 18 PN
3. SEX Female	4. RACE White	S. DATE OF BIRTH  March 21	6. AGE (In years last bithday)	F UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN
York Co. Pa.	o. CITIZEN OF WHAT COUNTRY?	8. MARRIED **NEVER MARRIED ** WIDOWED DIVORCED **	9. COUNTY OF DEATH  Carroll	Md
Westminster		STITUTION (If not in hospital during	SUAL OCCUPATION (Kind of wark done most of warking life, even if retired. Housewit	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceosed admission) STATE Md.	lived, if institution: Residence befare 13b. COUNTY Carroll	Manchester YES	NO Rt. 1	
	Middle Last	15. MOTHER'S MAIDEN NAM Kathryn		Last
16a. WAS DECEASED EVER IN U.S. ARMED Yes, NO runknawn) (If yes give war o		NO. 17. INFORMANT	Address	Approximate interval
	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  TIONS CONTRIBUTING TO DEATH BUT NO	or related to the terminal disease (	OR CONDITION GIVEN IN PART 1(a)	
19a. DATE OF OPERATION 19b. COI	NDITION FOR WHICH OPERATION WAS PER	YES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	
☐ OR CONTRIBUTING ☐ CAUSE OF DEATH [If either, notify medical examiner]			nter nature af injury in Part 1 ar Part 2	, Item 18.)
While Nat while at work	ACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			Caunty State
saw the deceased alive causes stated above, (	e an Silve) (did) (did not) view the b	9 & E, and that in (my) (our) o bady ofter deoth.	opinion death accurred on the c	y 2 , that (1) (we) last late and haur and from the
22b. SIGNATURE  22d. PUSICIAN'S NAME (Type) JOHA	/ /	DEGREE PHYS.  22e. ADDRESS  M.D. Science	MED. STAFF 22cm	E/18/69
230. BURIAL, CREMATION, BEENGVAL Specify)  June		CEMETERY OR CREMATORY  uel Cemetery	23d. LOCATION (City or Town)  Manchester, M	(County) (State)
24. FUNERAL DIRECTOR	ADDRESS Funeral Home Hamp	25a, REC'I	D BY REGISTRAR 2Sb. REGISTRAR	'S SIGNATURE



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	MA - A COUNTY OF STREET		nite and a

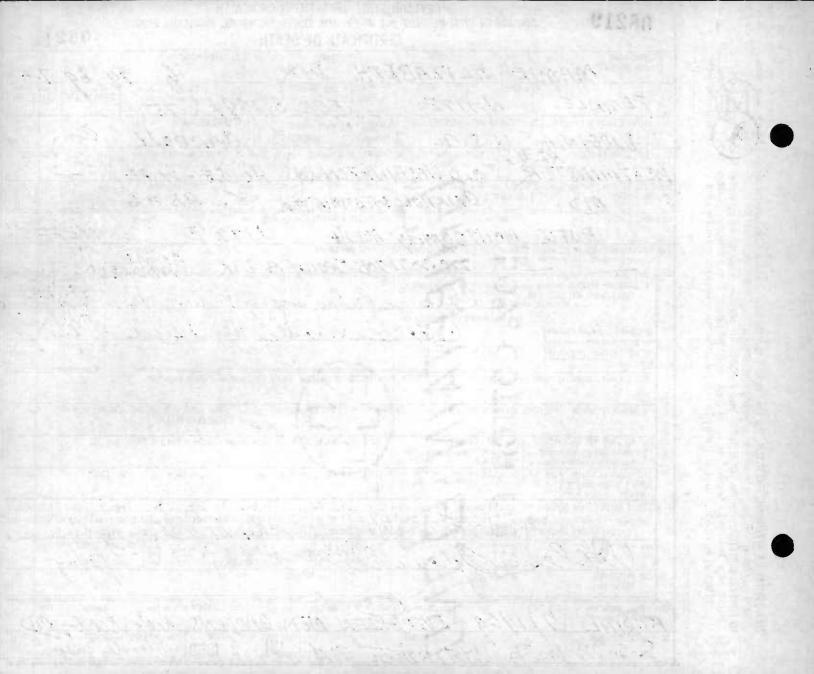
-	1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
7	FOR STATE	ľ	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08210
	HEALTH DEPT.			Day Year 2b. HOUR
	ond 3 to	3. S		Year 1969 1245M
	farm F	coun		O, Md
	offer deoth  S. Give Pages 1, olong with farm with the State De leoth.	1	WESTMINSTER give speet address LL Co. GENERAL during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	2 with deoth	0	USUAL RESIDENCE (Where deceased lived, if institution: Residence before damission) STATE MD 13b. COUNTY CARROLL WESTMINSTER YES NO 12 MEADOW 15	RANCH RD.
	24 hours of in them 18.		ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle  BERNARD ECKENRODE MARY	MYERS
	thin ncil nine page hou		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, na, aryunknawn) (If yes give wor or dates of service) 2/3-18-9963 Karl N. Click allayers	
	ficate should be executed within 2 ing the word "pending" in pencil inded to the Chief Medical Examiner os a burial-transit permit. File page 1, and in any event within 72 hour		1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Tracture  Tobule	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	vord "pen vord "pen ne Chief N al-transit		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (Due TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	1500
10	st of of bu		lost.   (c)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
1	s certificate st e, writing the forwarded to v used os a bu emovol, and in	N		
9	This certificate cate, writing the forwarded to be used as a burremoval, and	CERTIFICATION	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?	20. AUTOPSY? YES NO
	iffica if	MEDICAL CERT	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING DENDURY Manth, Day, Year HOUR AM CAUSE OF DEATH  12b. TIME OF INJURY Manth, Day, Year HOUR AM F.M. 6-13 19 69  21c. HOW INJURY OCCURRED Finter nature of injury in Part 1 or Part 2, Its	
	メモー・ド と	ME	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street,  WHILE  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  21e. PLACE OF INJURY (At home, form, street,  factory, affice-building, age)  21f. LOCATION Street or R.F.D. No.  PLACE OF INJURY (At home, form, street,  AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  TO THE PLACE OF INJURY (AT home, form, street,  AT WORK  TO THE PLACE OF INJURY (AT home, form, street,  AT WORK  TO THE PLACE OF INJURY (AT home, form, street,  AT WORK  TO THE PLACE OF INJURY (AT home, form, street,  AT WORK  TO THE PLACE OF INJURY (AT home, form, street,  AT WORK  TO THE PLACE OF INJURY (AT home, form, street,  T	Ste 97 State
	e execute to the for your cree buriol, cree		22o. I certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry death resulted from: Notural causes, Accident, Suicide, Homicide, Undetermined manner	, ond in my opinion
	DEPUTY JICAL E reessory, please exect e funeral director. Pa may be retoined for FUNERAL DIRECTOR:	10	ACTUAL Marrie C. Parter furth CHIEF MEDICAL EXAMINER (226, DAZE)	SIGNED 60
	necessory, professory, profess		EXAMINER'S MAURISLE C. PORTERSO, E) d, DEPUTY MEDICAL EXAMINER DAME (Type) MADRESS (Street, city, town, or county) HAMPS	TEAR, Md
	0 = ± ~ 0 =	1	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY—OR CREMATORY 23d. LOCATION (City or Town)  BEMOVAL (Specify)  6/18/69  MT. WIEW CEMETERY EMMITS BURCE  THE ORDER OF CEMETER	(Caunty) (State)
	VR A15ME (5) 10M REV. 1/60	24.	L. S. myers. J., Westminster, Md. DAJUN 18 1969 golland	

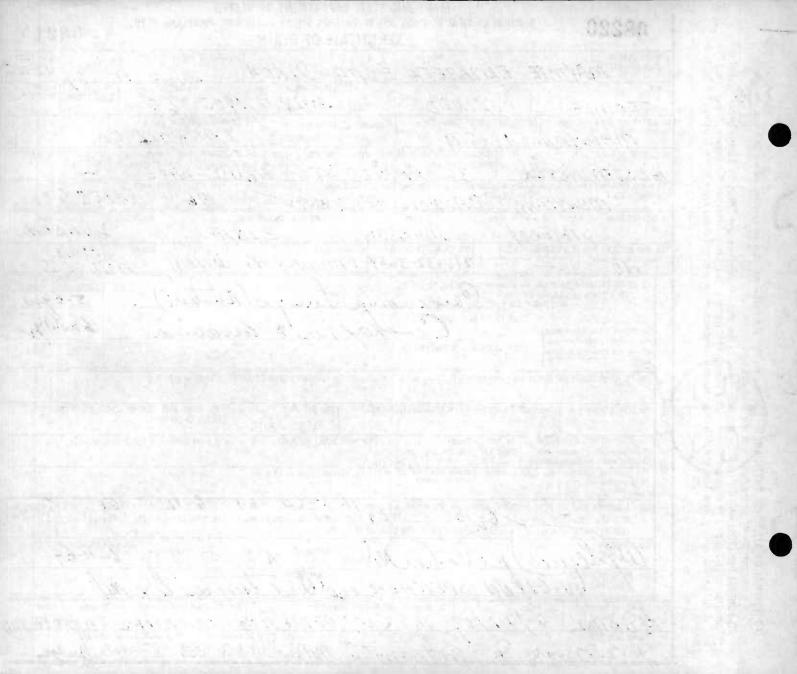
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MARYLAND STATE DEPARTMENT OF HEALTH

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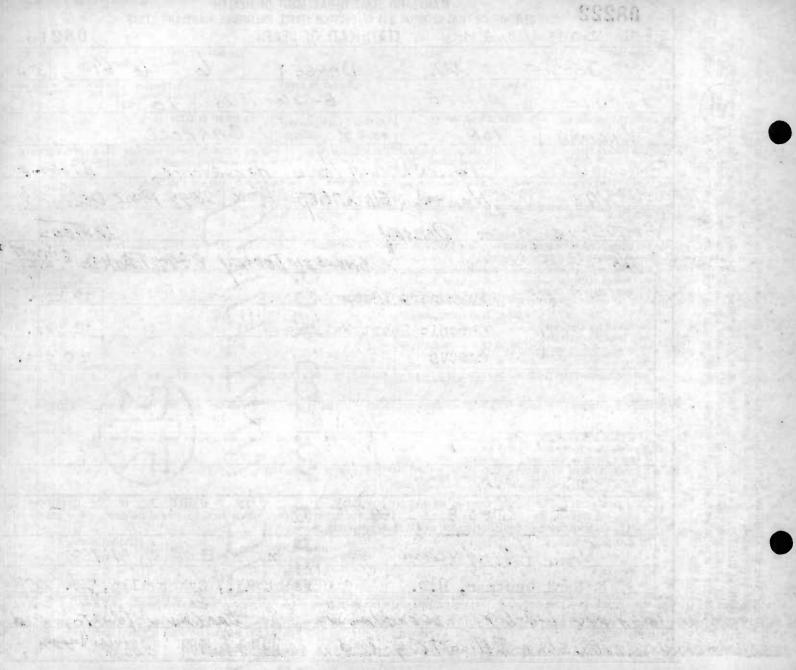
MARYLAND STATE DEPARTMENT OF HEALTH 08219 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08212 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 20. DATE OF DEATH Lost 2b. HOUR death (Type or print) S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR MONTHS DAYS lost birthday) HOURS 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) DIVORCED [ NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) during most of working life, even if retired.) **INDUSTRY** ₹ 13d. INSIDE CITY LIMITS? 13e. ST event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before odmission) STATE 13b. COUNTY 13c. CITY OR TOWN 13e. STREET AND NUMBER crematian, ar remaval, and in any 14. FATHER'S NAME Middle Lost MOTHER'S MAIDEN NAME First Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Address, (If yes give war or dates of service) Yes, no, or unknown) SAME 220-30 77 708 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) permit. DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove ) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160) 4 may be retained by the haspital ar attending be detached for use as the State Dept. af Health priar ta has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO A certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased from... 1963 , ta saw the deceased alive on 19 64, and that in (my) (our) aginion death accurred on the date and hayr and from the directar, page 3 shauld should be filed with the causes stated above, (I) (we) (did) (did hot) view the body after deoth, (I) Ches Llid en my alesen 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23o. BURIAL, CREMATION, (County) (Stote) FLINERAL DIRECTOR REC'D BY REGISTRAR 2Sb. REGISTRAR'S 30M REV



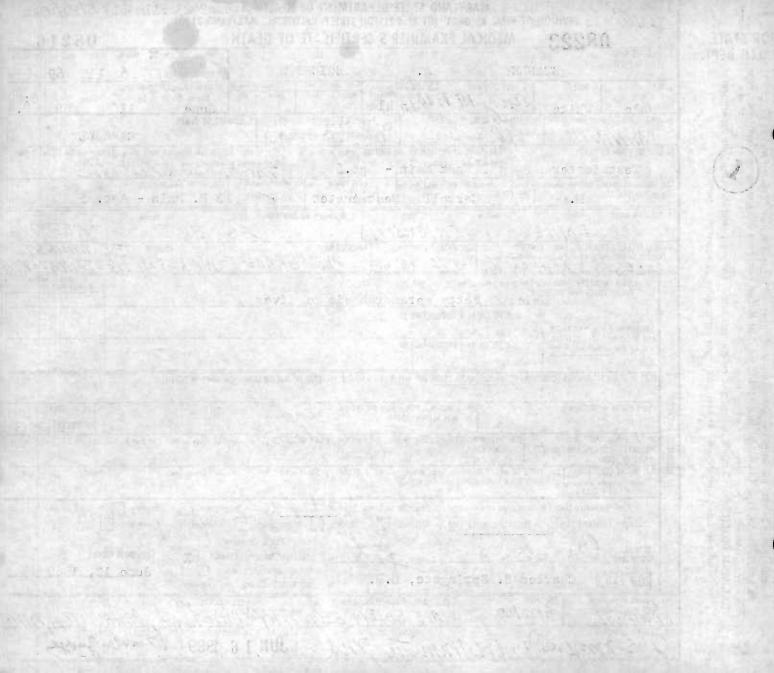


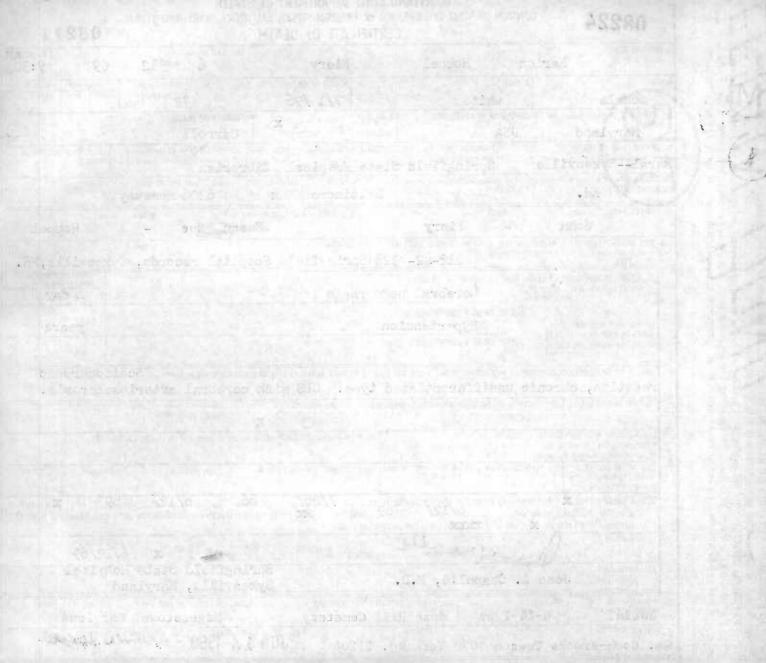
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1	1	08222 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
4	I	teml4 FilmG413 6/18/69 kk CERTIFICATE OF DEATH	08215
r death. uneral n and 2 r death.		ECEASED-NAME First Middle Lost 20. DATE OF DEATH Type or print)  JESSIE W. DERSEY 6 Month 6 Day	69 Yeor 325 M
law requires that the death certificate be executed within 24 haurs after death anding physician.  been signed by the attending physician and campletely filled in by the funeral state burial-transit permit. Then please temave carbon papers. Peges and 2 is the burial, crematian, ar remayal, and in any event, within 72 haurs after death riar to burial, crematian, ar remayal, and in any event, within 72 haurs after death	3. S	EX 4. RACE , S. DATE OF BIRTH 6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
d in bers 72 had		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH OTHER OF WIDOWED DIVORCED OF CARROLL	Md.
rtificate be executed within 24 physician and campletely filled i en please remayer carban paper aval, and in any event, within 72	S	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during plost of working life, even if retired.)  YKESVILLE  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during plost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
cuted v amplets	13o.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before lission) STATE A. 136. COUNTY STATE STATE A. 136. COUNTY STATE STA	De.
ate be exercian and consistent and in any		FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Am British Souder Whater	WATERS
rtificate ohysicia en pleas ival, an		WAS DECEASED EVER IN U.S. ARMED FORCES? (16 yes give war or dates of service)  16 SOCIAL SECURITY NO. 17. INFORMANT  Address  Spiand and Deasey 8099 Tan	Kon Ellisott
equires that the death certifice physician. signed by the attending physi burial-transit permit. Then plurial, crematian, ar remaval,		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Pulmonary Edema	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  12 hrs.
equires that the death ce physician. signed by the attending burial-transit permit. The		ODUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove)  A Chronic Heart, Failure	10 yrs.
equires that thy physician. signed by the burial-transit burial, crema		rise to immediate couse (o), stating the underlying couse (c) DUE TO, OR AS A CONSEQUENCE OF (c) CASCVD	20 yrs.
7 required by the purity to buri	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
V: The law re ar attending ste has been ruse as the solth priar ta	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
PHYSICIAN: The haspital armin his certificate stached far un Dept. af Healt	MEDICAL CER	21o. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   10 or Port 2, 11   21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, 11   11   12   13   14   15   15   16   16   16   16   16   16	em 18.)
PHYSI he hasper this cer letache	ME	21d. INJURY OCCURRED While Not while of work OFFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. No. (ity or Town	County Stote
HIAL OR ATTENDING PHYSICIAN: The law re may be retained by the haspital ar attending RAL DIRECTOR: After this certificate has been page 3 should be detached far use as the befiled with the State Dept. af Health priar ta	t	22a. I certify that (I) (this haspital) attended the deceased from May 5, 1969, ta June 5, 1959, and that in (my) (aur) apinian death occurred an the dat couses stated above, (I) (we) (did) (did not) view the body after death.	e and haur ond from the
RECTOR 3 should with the		22b. SIGNATURE ( ) 22c. D	ATE SIGNED
PITAL O may be RAL DI r, page be filed		22d. PHYSICIAN'S NAME (Type) Sani Okutman. M.D.  22e. ADDRESS Obrecht Rd., Sykesville	22
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rate Page 4 may be retained by the haspital ar attending for FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. af Health priar to	230	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)  TOPMOVAL (Specify) 6-9-69 Woodlawn 17	(County) (Stote)
VR A15 (1)	24.	FUNERAL DIRECTOR  FUNERAL DIRECTOR  Specific Times ADDRESS  Girchelton Slock Fillicotticity 136.  DATE UN 1 1969  PERSON REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 3.5 P. DATE UN 1 1969	

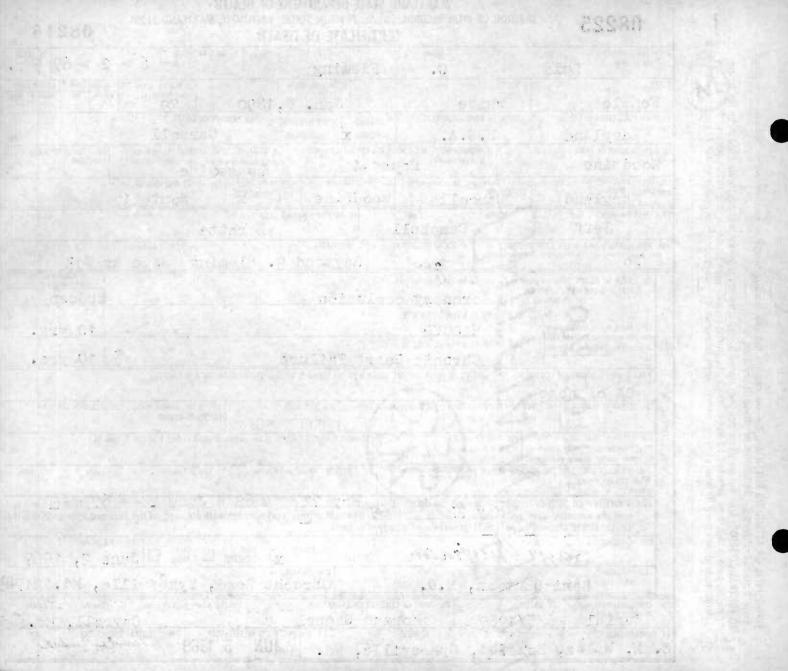


	Items 5,6 Film G 414 MARYLAND STATE DEPARTMENT OF HEALTH Items 2&23 FilmG413 6/	<sup>20</sup> /69kk
FOR STATE		8216
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 20. DATE KNOWN Manth Day	Year 2b. HOUR
la to Poge	(Type or Print) STANLEY A. ERICKSON DEATH MATED 6 11	1969 M
deloy is and 3 to and Poge	3. SEX 4. RACE S. DATE OF BIRTH 1966 AGE (In years IF UNDER 14 HRS. 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. Month Doy Year	2d. HOUR 8:00 P. M
form P. L. Z., See Depart	7a. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   COUNTRY   MIDOWED   DIVORCED   CARROLI	Sallan Val
Give Po	Westminster  give street oddgess Main - Apt. 5  during most of working life, even if retired.) INDUSTR	RY
18. Geoth	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13b. COUNTY Carroll   Westmenster   YES ► NO     3 E. Main - Apt. 5	5
within 24 hours after death pencil in Item 18. Give Page xominer's Office olong with ile pages I and 2 with the State Apours after death	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle EMILE ERICKSON AGNES FI	REEBURG
fould be executed within 24 word "pending" in pencil in the Chief Medical Examiner's rial-transit permit. File pages any event within 72 hours		MAINST.
uted wit gi" in pe col Exor nit. File ithin 72	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)  BET DEATH WAS CAUSED BY.	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
be executed "pending" in iief Medicol E nosit permit. E event within	5718  IMMEDIATE CAUSE (a) Fatty metamorphosis of liver  Due to, or as a consequence of	
d 'be d 'pe Chief ronsil	Conditions, if any, which gove rise to immediate cause (a).	
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF (c)	
cate in the ed the ed the sound	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	O. AUTOPSY?  YES NO
*= 73 =	21a. EXTERNAL CAUSE WAS PRIMARY OF INJURY Month, Day, Year HOUR A.M. 21b. TIME OF INJURY Month, Day, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street). 21f. LOCATION Street or R.F.D. No. 21f. LOCATION Street or R.F.D. No. 21f. LOCATION Street or R.F.D. No.	
EXAMINER: ute the cert age 4 should your files. Poge 3 shou , cremotion,	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, farm, street, while at work at work at work)  21f. LOCATION Street or R.F.D. No. City ar Tawn Count	ty State
DEPUTY SICAL E cessary, pleose exect e funerol director. Pa moy be retained far FUNERAL DIRECTOR: solth prior to burial,		nd in my opinion
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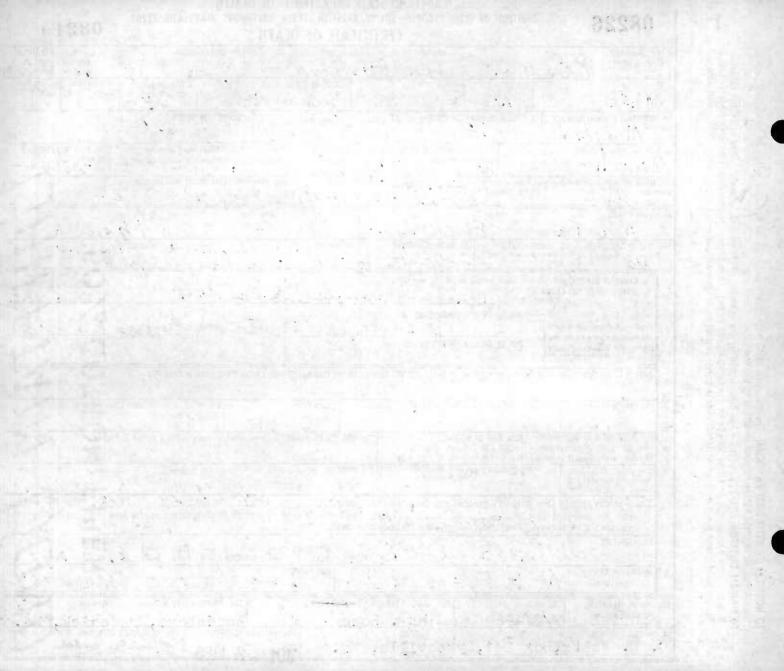




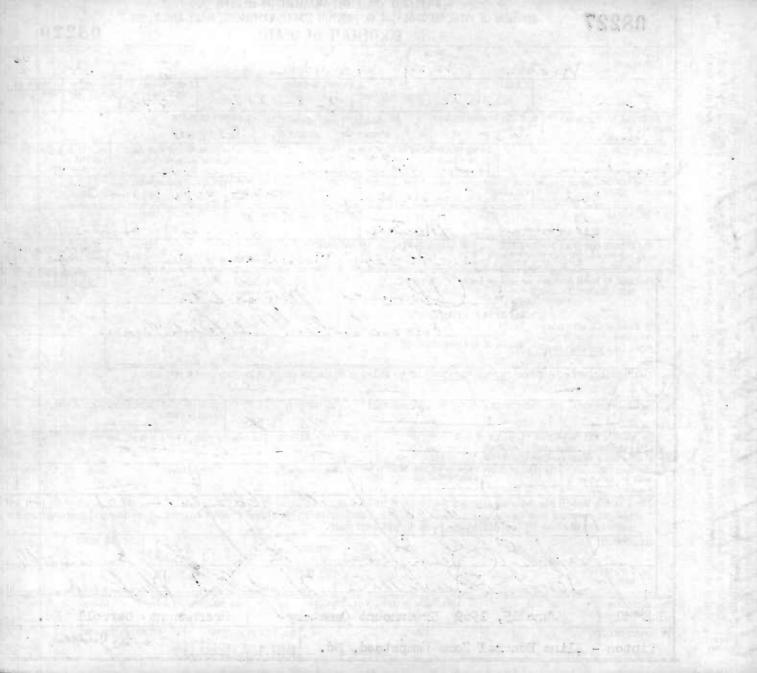
MARYLAND STATE DEPARTMENT OF HEALTH



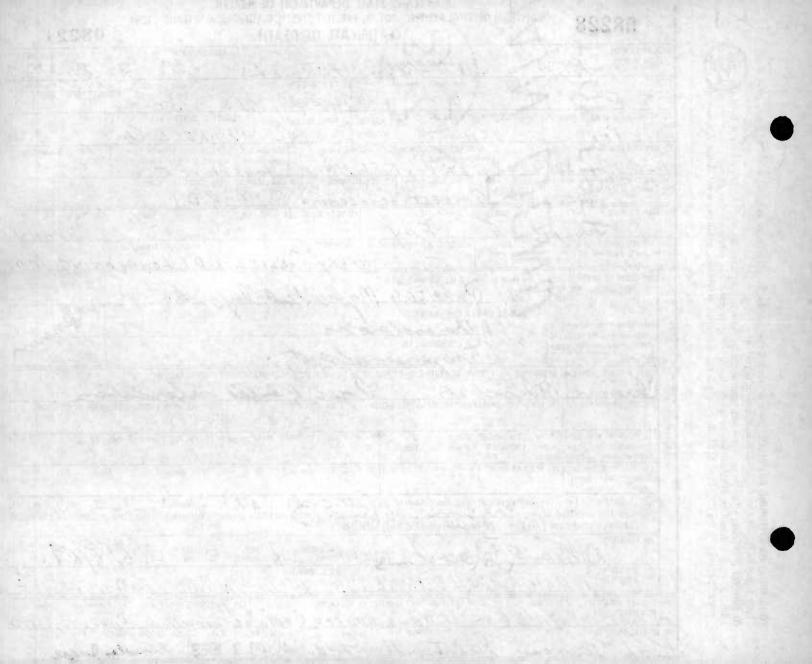
+ 1		08226 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH  08219
death.		DECEASED-NAME First / Middle Lost 20. DATE OF DEATH 2b. HOUR
fter s l fter	3. 1	
thin 24 haurs of		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED M. Md.
within 24	10.	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
completely over eron or export	13c odr	USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 132. CMY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER nission) STATE 13b. COUNTY (13c. VIV) 13d. VIV) 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY (13c. VIV) 13d. VIV) 13d. VIV) 13d. INSIDE CITY LIMITS?
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rtificate ohysicia en pleas ival, and	16	o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY'NO. 17. INFORMANT Mr. S. Raymond Address 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2
eath cer ending part. The		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Cerebray as multiple accident  Given:
requires that the death certificate be g physician. signed by the attending physician are burial-transit permit. Then please raburial, crematian, or remaval, and in		Conditions, if arry, which gove rise to immediate course (o), (b) generalized auteurorelevores 5 yrs
ires tho ysician. ned by ial-tran		stoting the underlying couse DUE 10, OR AS A CONSEQUENCE OF (c)
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The lar attence has buse as	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO CAUSES OF DEATH?
SICIAN: spital o ertificate ed far af Hea	MFDICAL C	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19
G PHY the har r this co detach te Dept	*	While Not while of work of work
TENDIN ined by OR: Afte ould be the Sta		22a. I certify that (1) (this haspital) attended the deceased fram (1) (we) last saw the deceased alive on 1969, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave (1) (we) (did) (did nat) view the bady after death.
OR AT be retained by the second by the secon		22b. SIGNATURE WITHOUTH MD DEGREE PHYS. DIRECTOR
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ? Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filledirectar, page 3 should be detached far use as the burial-transit permit. Then please remaye-carban pashould be filed with the State Dept. af Health priar to burial, cremation, or remayal, and in any event, within	1	22d. PHYSICIAN'S NAME (Type) W. H. FUARAMD 22e. ADDRESS ANCHESTER, Md 21102
TO HO Page TO FUT		b. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)  REMOVAL (Specify) 7/2/1969 Mt. Hope Woodsboro Frederick, Md.  FINITEAL DIRECTOR ADDRESS 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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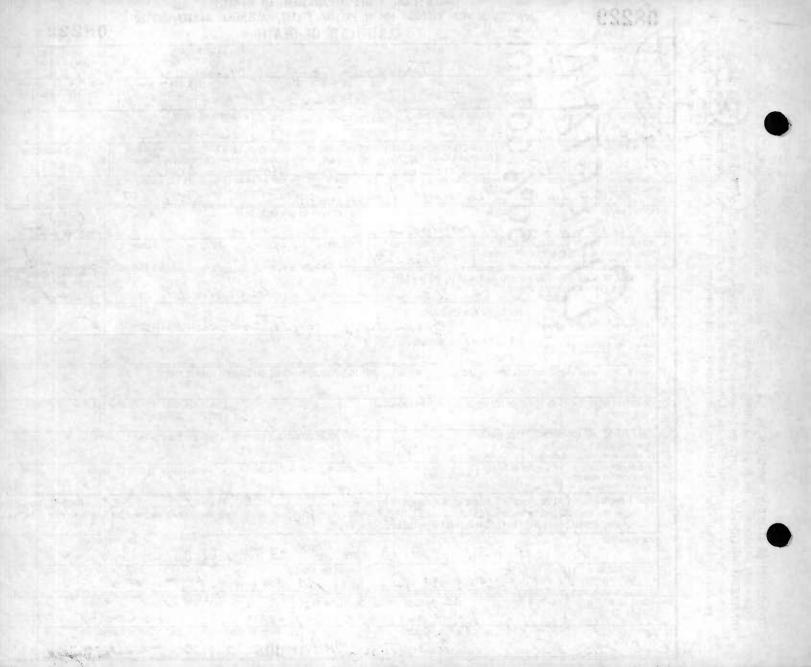
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or d	3. SEX	- Y V			S. DATE	OF BIRTH	16. A	GE (In veors		F UNDER 24 HRS.
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no n	Tes,	no, or unknown)	give wor or cores or service)	215-45-	82 x3. E	You Box	lingup	Lought	Namp	suas
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of e de d	22	20. I certify that (1)	(this hospital)	ttended the decease	ed from Levy	10 ,196	6 to lin	12,19	69, that	(I) (we) las
ad be sed be lid be lid be self lid be sel		saw the decease	d alive an	ne 11, 1961	and that	in (my) ( <del>our</del> ) apir	nion death occu	rred an the do	ite and hour a	nd fram th
Tok that that	22	causes stated at	ove, (N (Wy) Naic	a) (a <del>la not) y</del> lew the	body after death.	/		220	DATE SIGNED	
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5 5 5 0		NERAL DIRECTOR	June 15,	1969 Green	mount Ceme	2So, REC'D B)	Greenm	2Sb. REGISTRAR'S		·lu•
	d campletely filted into the funeral emave carban papers. Pages I and any event, within 72 hours after death	attending physician has been signed by the attending physician campletely filled firsby the funeral se as the burial-transit permit. Then please remave carbon papers. Pages I and 2 and 2 the priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.  19	130. USUAL RESIDENCE (Where dodomission) STATE  14. FATHER'S NAME  16. WAS DECEASED EVER IN U.S. Yes, no, or unknown)  18. CAUSE OF DEATH (Entremediate to immediate cause stating the underlying colors. Immediate cause stating the underlying colors. PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION	1. DECEASED-NAME (Type or print)  3. SEX  4. RACE  4. RACE  70. BIRTHPLACE (Stote or foreign of country)  10. CITY OR TOWN OF DEATH  11. DECEASED TOWN OF DEATH  11. DECEASED TOWN OF DEATH  12. OUTPUT OR TOWN OF DEATH  13. COUNTY  14. FATHER'S NAME  16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, np, or unknown)  16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, np, or unknown)  18. CAUSE OF DEATH (Enter only one couse per PART 1. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one couse per PART 1. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one couse per PART 1. DEATH WAS CAUSED BY:  19. Onditions, if only, which gove rise to immediate cause (a), stoting the underlying couse lost.  19. ON THE COUNTRIES OF THE PROPERTY OF THE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIES.  190. DATE OF OPERATION  190. DATE OPERATION  190. DATE OPERATION  190. DATE OPERATION  190. DATE	1. DECEASED NAME (Type or print)  3. SEX  4. RACE  70. BIRTHPLACE (Stote or foreign country)  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INGUING STREET COUNTRY?  13. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)  14. FATHER'S NAME  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, np, or unknown)  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), one k).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF lost.  19. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERATURE OF DEATH BUT N  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERATURE OF THE PRINT OF TH	CERTIFICATE  1. DECEASED-NAME (Type or print)  3. SEX  4. RACE  5. DATE  70. BIRTHPLACE (Stote or foreign or country)  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospings street oddress)  130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)  131. COUNTY  141. FATHER'S NAME  152. WAS DECEASED EVER IN U.S. ARMED FORCES?  163. COUNTY  164. FATHER'S NAME  165. WAS DECEASED EVER IN U.S. ARMED FORCES?  166. WAS DECEASED EVER IN U.S. ARMED FORCES?  167. CITY OR TOWN  178. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  179. DATE OF OPERATION  179. DATE OF OPERATION  179. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMS OF THE TERMS	To BIRTHPLACE (Stote or foreign of the country)  To SEX  To BIRTHPLACE (Stote or foreign of the country)  To SEX  To SEX  To BIRTHPLACE (Stote or foreign of the country)  To SEX  To SEX  To BIRTHPLACE (Stote or foreign of the country)  To SEX  To	CERTIFICATE OF DEATH  1. DECEASED-NAME (Type or point)  1. DECEASED FUR TYPE (Type or point)  1. DECEASED TYPE (Type or point)  1. DECEASED TYPE (Type or point)  1. DECEASED TYPE (Type or po	1. DECEASED.NAME (Type or pnnt)  1. DECEASED.NAME (Type or pnnt)	CERTIFICATE OF DEATH  1. DECEASED MAME [Type or print]  1. DECEASED MAME [



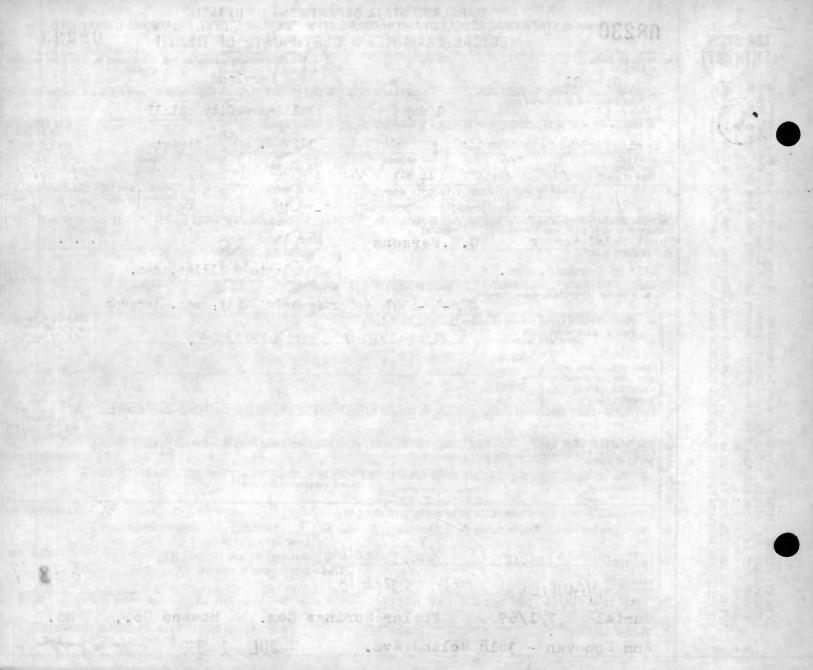
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	at the deoth cer the ottending parit permit. The mation, or remo		18. CAUSE OF DEATH (Enter anly PART I. DEATH WAS CAUSED	one cause per lir	ne far (a), (b), and (c).				APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH
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11	The low recontrol of the second of the secon	S	190. DATE OF OPERATION 190. CO	DNUMBON FOR WH	ICH OPERATION WAS PE			20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CER	TIFYING
N	는 한 수 화를 시	CERTIFICATION				YES 🗌	NO 🗌			
	AN: The low rated of or ottending icate has been for use as the Health prior to		21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF HOUR A.M.	Month Day Year	21c. HOW INJURY OCC	URRED (Enter nature	of injury in Part 1 or Part 2	, Item 18.)	
	Dit diffi	MEDICAL	(If either, notify medical examine		Monini Day 19ai					
	OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed be retained by the hospital or ottending physician.  SIRECTOR: After this certificate has been signed by the ottending physician and comple e 3 should be detached for use os the burial-transit permit. Then pleose remove conted with the Stote Dept. of Health prior to burial, cremation, or removal, and in any event	×	21d. INJURY OCCURRED 21e. P	LACE OF INJURY	AT HOME, FARM, STREET, FAC	TORY,) 21f. LOCATION Street	t ar R.F.D. Na.	City or Town	County	State
	this eta		While Nat while at work of work		OFFICE BUILDING, CIC.					
	by the three per district per d		220. I certify tho (1) (this	hospital) atte	ended the decease	ed from	1969	to Aune 1	9 69, that	(I))(we) last
	d b Aff a St e St e St e		saw the deceased alp	e an Land	un	9/2, and that in/my	v) (our) opinian	leath occurred on the	ote and haur a	nd from the
	ON THE		couses stated above,	(I) (we) (dia)	(did not) view the	body after death.				
11-3	OR ATTENE be retained DIRECTOR: A pe 3 should ed with the		22b. SIGNATURE	25	) 1	ATYCNICIAL	0.144	22	. DATE SIGNED	2
	OR be 3 ed v		MUSIA	mk (X	sunh	DEGREE PHYS.	MED.	STAFF PHYS.	5/8/6	7.
	AL OV		22d. PHYSICIAN'S	100		22e. ADDI	RESS		*	MD
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low rand Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	23a.	BURIAL, CREMATION, 23b. DA	TE ,	23c. NAME OF	CEMETERY OR CREMATORY	23d.	LOCATION (City or Tawn)	(Caunty)	(Stote)
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	No.	24.	FUNERAL DIRECTOR	7	ADDRESS	3 LAUKEN	2So. REC'D BY REGIS	TRAR 2Sb. REGISTRAR	'S SIGNATURE	1110
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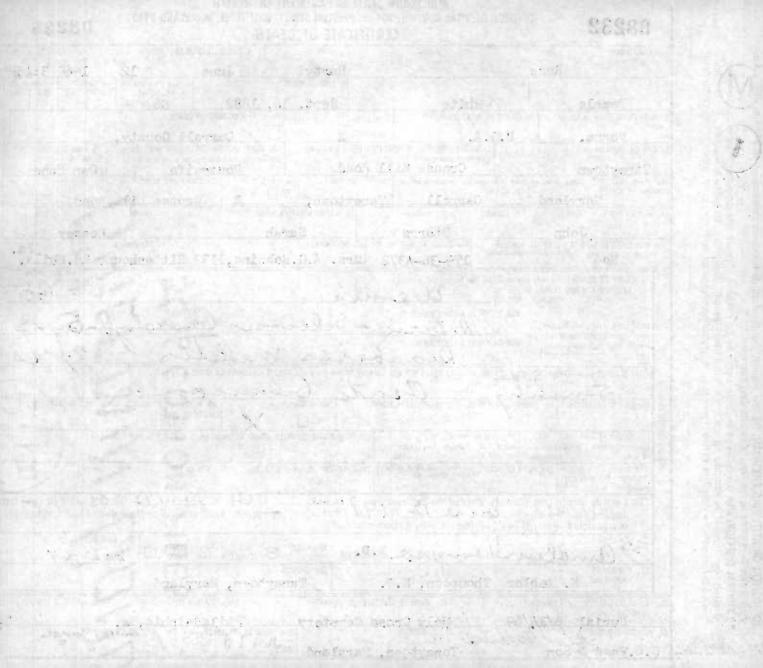
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	r death.	1. D	CEASED-NAME First ype or print)	Middle CNCP THAN	lost IPEN GIASS	2a. DATE OF DEATH Month	Year M
		3. SI	Lemale	4. RACE Inte	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS CLAYS HOURS MIN
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	requires that the death certificate be executed within 24 haurs after g physician.  In signed by the attending physician and camptetely filled in better for e burial-transit permit. Then please remove cyclan papers, fages I a burial, crematian, ar remayal, and in any event, within 72 hours offer	F	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line far (a), (b), and (c).	1/.	Perile to	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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0	that tian. by the transit cremai		Canditions, if ony, which gave rise to immediate cause (o), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	ratined and	mitter of the same	- capes
0	equires the physician. signed by burial-trar burial, cre		PART 2. OTHER SIGNIFICANT COND	(c) ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART 1(a)	
1	The law re attending has been se as the th priar ta	CERTIFICATION	19a. DATE OF OPERATION 19b. CC	ONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	CIAN: T	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical exomine)	21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M.	21c. HOW INJURY OCCURRED	(Enter nature af injury in Part 1 or Part	2, Item 18.)
	he hasp this cer letached	ME	21d. INJURY OCCURRED 21e. Pl While Nat while at wark	LACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.		O. No. City or Town	County State
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camptetely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove captan paper shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72.		22a. I certify that (1) (this sow the deceased aliv	haspital) attended the decease (e on 5/3/0 (1) (we) (did) (did nat) view the	962, and that in (my) (our)	19 <u>67</u> , ta <u>6</u> , 1 opinian death occurred on the	967, that (t) (we) last date ond hour and from the
	OR ATI		22b. SIGNATURE WIX	Fround M.	O DEGREE PHYS.	MED. STAFF 22	C. DATE SIGNED
	Page 4 may b TO FUNERAL D director, page shauld be file		22d. PHYSICIAN'S NAME (Type)	HFOARD N.1	22e. ADDRESS  A.A.		d.
	TO HO Page TO FUL direct	L	BURIAL, CREMATION, 23b. DA	6-4-69 DOKEY	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)  TEN KEYSUILLE 9	(Caunty) (State)
	VR A15 4 30M REV. 1788	24.	FUNERAL DIRECTOR GOLD	on Tenery	town Md. DATE	CD/BY REGISTRAR 2Sb. REGISTRAI  JN 3 1969 FCCcs	rs signature



MARYLAND STATE DEPARTMENT OF HEALTH 230 sion of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE HEALTH DEP PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Anstitution: Residence before admission) a. COUNTY b. COUNTY Maryland Carrol MARYLAND necessary, the funeral b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore City 21211 Depar Svkesville day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE S ON A FARM? State Springfield State Hospital Street NO X delay and 3 t YES and 3. NAME OF Middle DATE Day Year Month 2, an the DECEASED CORSUL 1969 AWRENCE DEATH (Type or print) 2 with within after death. If a S. Give Pages 1, ong with form I SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED WIDOWED DIVORCED N 1-16-14 l and event 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Marvland pm-| C.E. Parsons 18. Giralong Sheet Metal Worker any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 24 hours in Item 18. = Charlotte Phillips, dec. Walter Gorsuch, dec. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) permit. removal. Springfield State Hosp. Records EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil is nould be forwarded to the Chief Medical Examiner's ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: burial-transit o IMMEDIATE CAUSE (a) cremation, **DUE TO** Conditions, if any, which (b) rise to immediata DUE TO (a), stating the Ø underlying cause last. used as to burlal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY ICATION PERFORMED? YES NO or be DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) CERTIF 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 3 should lagent, pri CAUSE OF DEATH. (County) MEDICAL 20f. (City or town) (Stata) 20e. PLACE OF INJURY (Home, farm, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Not While CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection V and In my opinion Inquiry should DIRECTOR: Undetermined manner Homicide death resulted from: Natural causes Accident the CHIEF MEDICAL EXAMINER 4 for your DATE SIGNED Page please execute ASSISTANT MEDICAL EXAMINER SIGNATUR 0 FUNERAL I COMPOEPUTY MEDICAL EXAMINER DEPUTY **EXAMINER'S** retained director. Address (Street, city, town, or county) NAME (Type) CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) DATE THEREOF of 69 Poplar Springs 0 Cem. Howard Co. Md 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25a. FUNERAL DIRECTOR Ann Donovan - 3818 Reland Ave. VR A15ME 3500 4-64



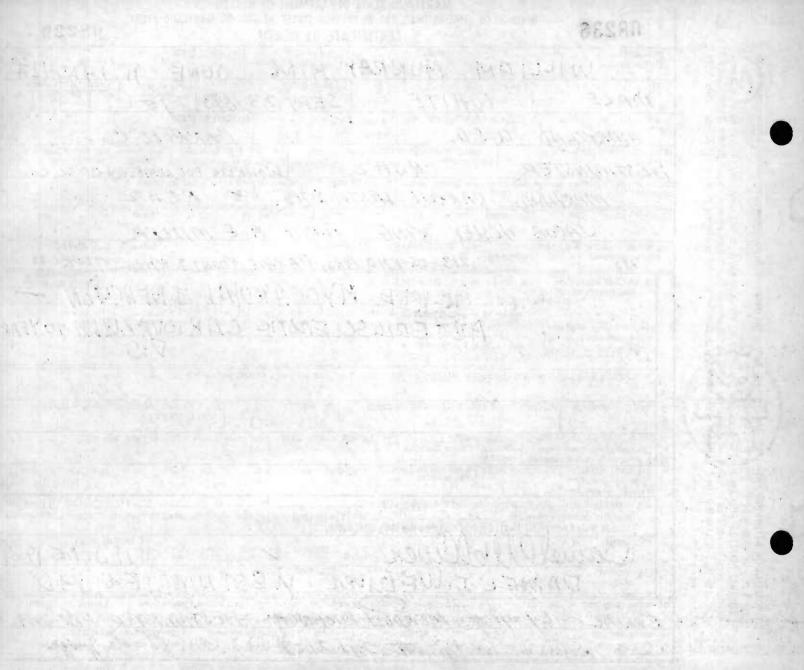
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08232 08225 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Inst 2n. DATE OF DEATH 2b. HOUR (Type or print) Month Rose Harty June 3. SEX 4 RACE 5. DATE OF BIRTH IF UNCER I YEAR 6. AGE (In years MONTHS OAYS last birthday) Sept. 16, 1882 86 Female White 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED T DIVORCED Carroll County,
12a. USUAL OCCUPATION (Kind of work done U.S.A. Penna. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street address)
Crouse Mill Road during mast af warking life, even if retired.) **Housewife INDUSTRY** Tanevtown Own Home physician and camplete en please remave carb 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN event 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? that the death certificate be executed 13b. COUNTY NO \_\_ Carroll Taneytown Crouse Mill Road in any 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First John Starrs Sarah Mossey 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, or unknown) 179-38-4372 Mrs. A.G. Robbins, 1139 Rittenhouse Rd. Phila. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County 21d. INJURY OCCURRED City or Town While Nat while at work of wark 22a. I certify that (1) (this hospital) attended the deceased from June 19 04, ta June 12, 19 21, that (1) (we) last saw the deceased alive an article and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. director, page 3 sha shauld be filed with 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. Ma Degree DIRECTOR 22e. ADDRESS PHYSICIAN'S NAME (Type) E. Ambler Thompson, M.D. Taneytown, Maryland 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) 6/14/69 Holy Cross Cemetery Philadelphia Pa. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S MCNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 C.O.Fuss & Son Tanevtown. Maryland



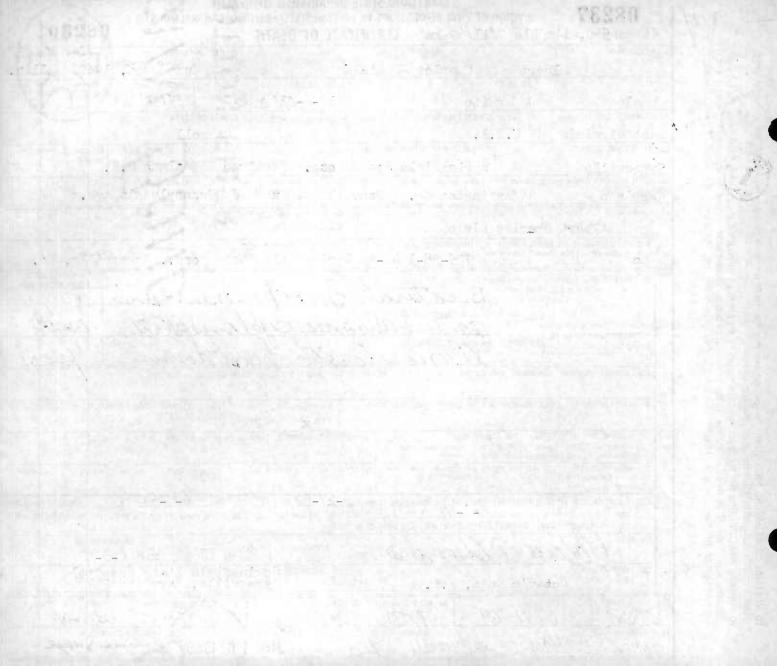
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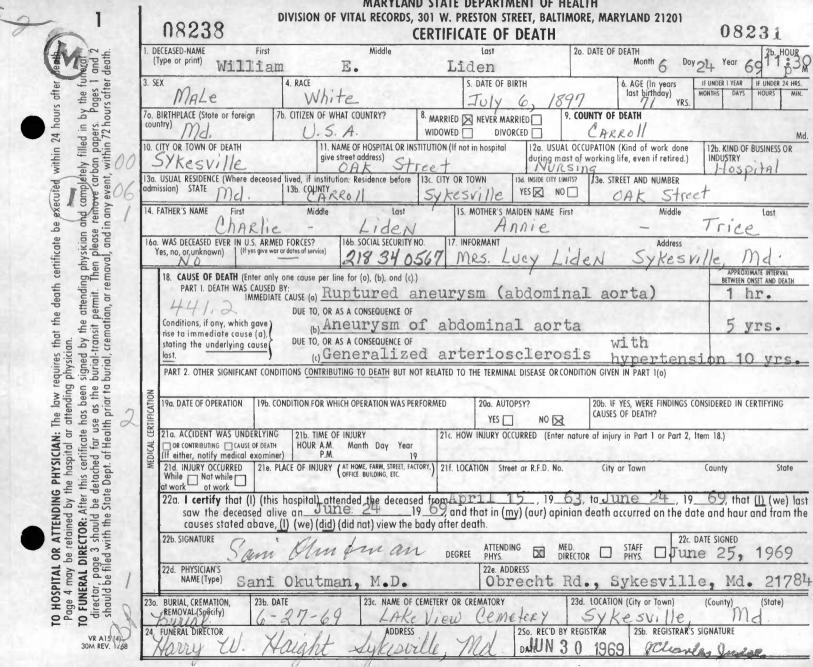
DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 08227 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, If institution, Residence before admission) a. COUNTY b/COUNTY Carroll MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) writa RURAL and giva naarast town) 2,448 days Henryton Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 6309 Banbury Road YES NO X Henryton State Hospital NAME OF Middle 4. DATE Month Year DECEASED OF (Typa or print) William DEATH Townsend Hughes 1969 June 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED DIVORCED 11-10-11 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if ratired) None Baltimore, Maryland None USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Scott Hughes Mary Elizabeth Wells 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Balto., Md. (Yes, no, or unkown) | (If yas giva war or datas of sarvice No Mr. Irving Wells, 6309 Banbury Road, None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH H WAS CAUSED 84: Profuse bleeding upper GI Tract DUE TO Recurrent Peptic ulcer gave risa to immadiata cause DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? Mental Retardation, congenital, severe NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ) 20f. (City or town) (County) factory, straet, offica bldg., atc.) Whila Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 10-1-62 6-13- 19.69, that (I) (we) last saw the deceased alive on. June 13 1969, and that death occured al LOPM, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE Edgars M. Main laver ATTENDING SIGNED PHYS. DIRECTOR PHYS. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS Edgars M. Maculans, M. D. Henryton, Marydand 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d, LOCATION (City, town or county) (Stata) P dio 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNESAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

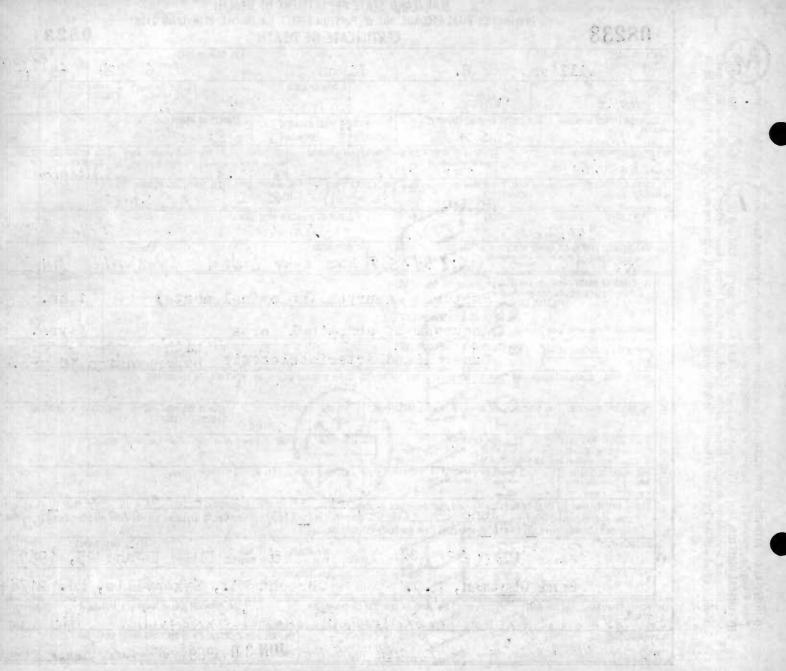
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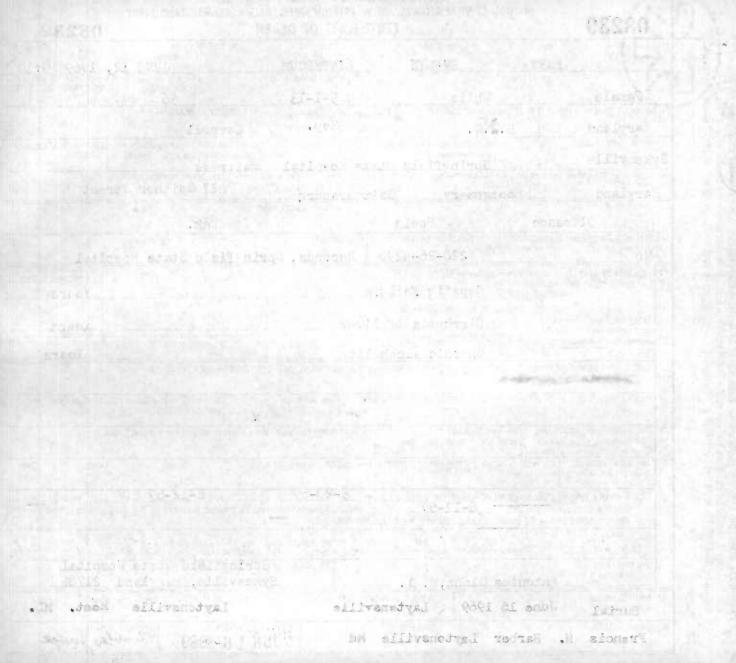
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rtificate ohysiciar en pleas ival, and	160	WAS DECEASED EVER IN U.S. ARI es, no, or unknown) (If yes give v	MED FORCES? war or dates of service) 16b. SOCIAL SECURITY N 705-05-174		Records Field Stat	Address e Heep., Syke		Md.
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed value as the may be retained by the haspital ar attending physician.  5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and canadlete director, page 3 should be detached for use as the buriol-transit permit. Then please remove care should be filed with the State Dept. af Health priar ta burial, cremation, ar remayal, and in any event,	2	PART I. DEATH WAS CAUSE IMMEDI.  4/2 3  Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	al Bronie Obronie	pyclo hear L DISEASE OR CONDITION	neign one mephriti dislase on Given in Part 1(0)	BETWEED OF	est and death
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G PHY the ha this cr this cr	~	at wark at wark	e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC			City or Town	County	Stote
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L OR A. be retto DIRECT DIRECT Sheet 3 shelled with		22b. SIGNATURE CLASS	io a hour is	D DEGREE ATTENDIN		R PHYS.	DATE SIGNED	
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TO HC Page TO FUI direc	1	BURIAL, CREMATION, 23b. REMOVAL (Sobcify) FUNERAL DIRECTOR	DATE 23c. NAME OF C	EMEJERY OR CREMATORY	23d. 25a. REC'D BY REGI	LOCATION (City or Town)  STRAR 25b. REGISTRAR	(County)	(State)
VR A15 (4) 45M - 1/69	24.	Harry W. Ha	right Sykisitle	Md.	DATION 16		S SIGNATURE	se.







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the funeral and 2 safter death.		ECEASED-NAME First Type ar print) MAR	Middle Y EV EL YN	LINTHIC!		Manth Day	2b. HOUR 1969 9:10
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24 hours after death, funeral pers. Pages I and 2 72 hours after death	7o.		7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARK	RIED 9. COUNT	Y OF DEATH	
within 2 within within	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If nat in hospitol	12a. USUAL OCCUPA	TION (Kind af wark done king life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	13o. odm	USUAL RESIDENCE (Where deceose ission) STATE Maryland	Springfield  Ived, if institution: Residence before hab county Montgomery	Gaithersburg	3d. INSIDE CITY LIMITS? 13	e. STREET AND NUMBER 27 Gaither Str	reet
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physician en please oval, ond i	160	. WAS DECEASED EVER IN U.S. ARMI res, no, ar unknawn) (If yes give wa	ED FORCES? ar or dates of service) 16b. SOCIAL SECURITY 220–26–12		Springfie	Address	oital
oth cer nding p lit. The		DADT I DEATH MAC CALICED	y ane cause per line for (a), (b), and (c).  BY: TE CAUSE (a) Hepatic fai	.)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Years
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quires tha physician. signed by burial-trans		stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONT	DUE TO, OR AS A CONSEQUENCE OF  (c) Chronic alc  DITIONS CONTRIBUTING TO DEATH BUT N		DISEASE OR CONDITION	GIVEN IN PART 1/a)	Years
Poge 4 may be retained by the hospital or attending physician.  To Hospital OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed.  To FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and concolet director, page 3 should be detached for use as the burial-transit permit. Then please remove to shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOP.	SY? 20	b. IF YES, WERE FINDINGS CON	ISIDERED IN CERTIFYING
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the host this cer detache e Dept.	ME	21d. INJURY OCCURRED 21e. F While Nat while at wark of work	PLACE OF INJURY ( AT HOME, FARM, STRFET, FAC OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street		City or Tawn	County State
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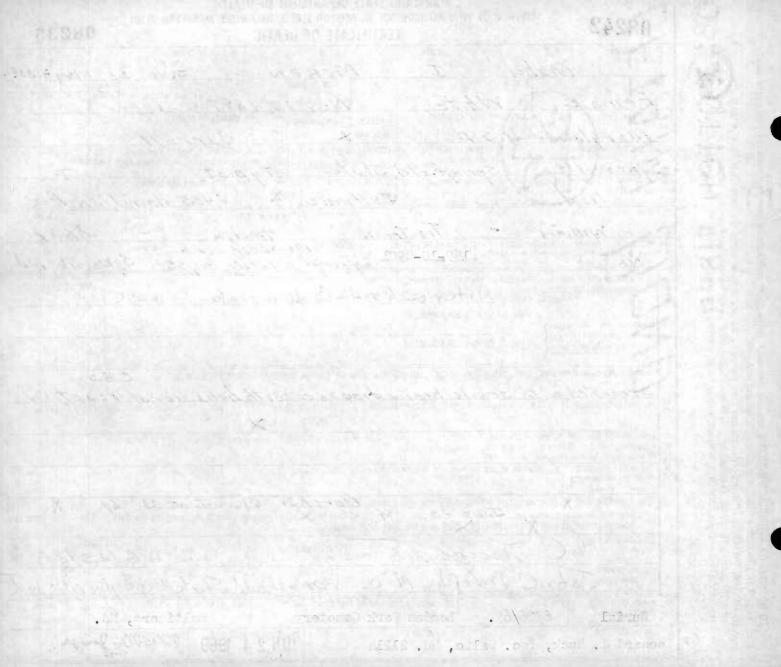
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	fur fur fter fter	3. 5	EX	4. RACE	S. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
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	ne death cer attending p permit. The ian, ar rema	18	18. CAUSE OF DEATH (Enter or	nly one couse per line for (a) (b) and (c). ED BY:	· W / / ·		BETWEEN ONSET AND DEATH
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	th signal cigan d by tra		stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF			
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	he haspital ar this certificate detached far us Dept. af Healt		While Not while at work	OFFICE BUILDING, ETC.			
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	ed the Hid E		sow the deceased of	olive on the 28	967, and that in (my) (our) opin	ion deoth occurred on the dote	ond hour ond from the
-	TOR TO H		22b. SIGNATURE	e, (1) (we) (did) (did not) view the l	body offer deofn.	160	TE CLOUE O
	OR ATTENI be retained DIRECTOR: A ie 3 shauld ed with the		220. SIGNATURE	15/65 15	ATTENOING ME	D. STAFF	TE SIGNEO 4 28-1969
	y be y be different files		22d PHYSICIAN'S	y grang	22e. ADDRESS	RECTOR PHYS. PHYS.	12811101
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	HOS Jge 4 Gulcaulc	230.	BURIAL PREMATION, 23b.	SATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town) Bu	(County) (Stote)
	Page 4		BURIAL EREMATION, 23b. Ju		e Cemetery	Hampstead Con	Md.
	VR A15 (410)	24.	FUNERAL OIRECTOR	Funeral Home Hamps	tead Md	REGISTRAR 2Sb. REGISTRAR'S SI	GNATURE
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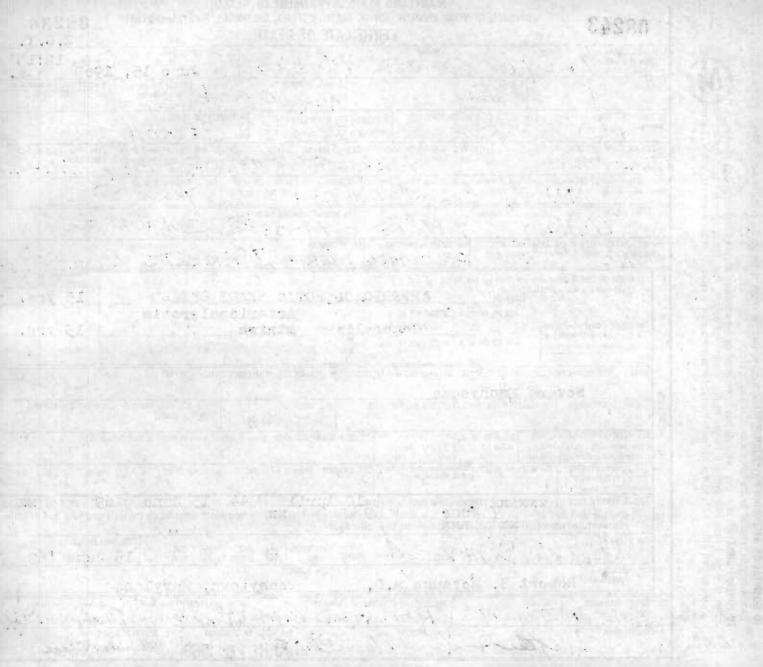
2	1		08241	DIVISION	OF VITAL RECORDS	, 301 W. P	RESTON STREET CATE OF DE	, BALTIMORI		)1	082	34
	funeral funeral s 1 ond 2 ter deoth.		Type or print) Lu		Ann Ann	/	nc Grane	2α. Ι	DATE OF DEATH Monte	Doy	Yeor 9	2b. HOUR 230 N
	the fu	3. 5	Female	4. RACE	Vhite		5. DATE OF BIRTH May 31,	1900	6. AGE (In years lost birthdoy)	YRS. IF UN		IF UNDER 24 HRS. HOURS MIN
•	e executed within 24 hours after death and completely filled in by the funeral remove carbon papers. Pages 1 and 2 n any event within 72 hours after death	COF	BIRTHPLACE (Stote or foreign ntry) Virginia	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. <b>cou</b>	NTY OF DEATH	110.		Md
	within z	W	CITY OR TOWN OF DEATH estminster	g		. Gen.	Hospital	120. USUAL OCCU	IPATION (Kind of work d vorking life, even if retir	one 121 ed.) IN	b. KIND OF 8	USINESS OR
	complete carl	13o	USUAL RESIDENCE (Where de ission) STATE	ceosed lived, if ins 13b. COUNT	titution: Residence before	13c CITY OR	TOWN 13d II		13e STREET AND NUMBE Bloom Road			
(	cion and ce	14.	FATHER'S NAME First James	Middl	e Elli	3	S. MOTHER'S MAIDEN	NAME First	Midd	le Pai	ne	Lost
/	tiff(ate hysicio n pleas vol, an	160	(estino, or unknown) (If yes	ARMED FORCES? give war or dates of service	16b. SOCIAL SECURITY 219-12-94	NO. 17.1 415 M	INFORMANT is. Madel	ine Swar	n Finksbury	ss Ad		
7	The law requires that the death certificate be attending physician. hos been signed by the attending physicion anse as the burial-transit permit. Then please re the prior to burial, cremotion, or remavol, and in		1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE) Conditions, if ony, which go rise to immediate couse (stoting the underlying coulost.  PART 2. OTHER SIGNIFICANT	USED BY: EDIATE CAUSE (o)  DUE TD, ( ve) a), See  (c)_	CEREI DR AS A CONSEQUENCE OF HYPER OR AS A CONSEQUENCE OF CAR	BRAL TENS	SCULA	ATHER	O SCLEPO	TIC	APPROXIMA BETWEEN ONS 2 W	
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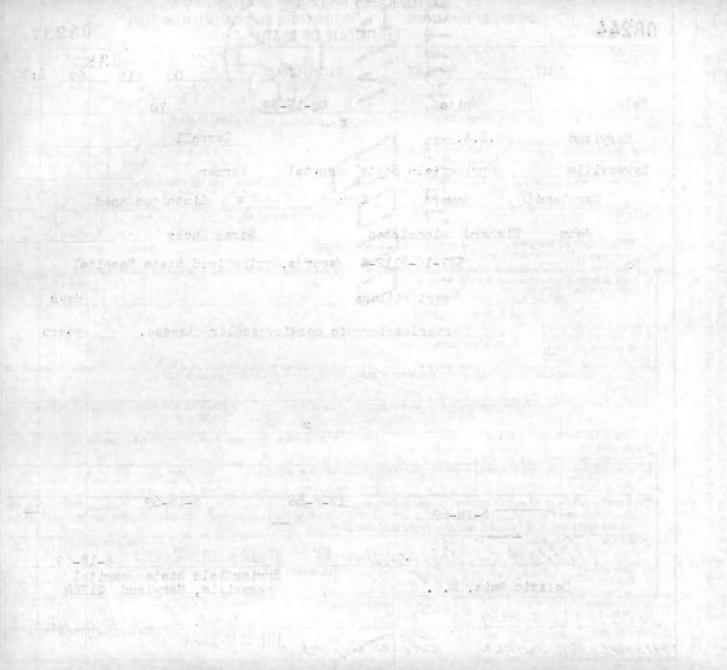
				D STATE DEPARTMENT OF		
	08242	DIVISION OF \		301 W. PRESTON STREET, BAL		0000+
	HUMAN			CERTIFICATE OF DEATH		08235
€ -2#	1. DECEASED-NAME (Type or print)	First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
\$ <b>7</b>	(Type or pillit)	Mahel	I.	MORZN	Month Solve	2.3 1969 4:30P.M.
P	3. SEX	4. RACE		S. DATE OF BIRTH	6 AGF (In years	IE UNDER 1 YEAR   IF UNDER 24 HRS.
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haurs n by t s. Pa haurs	7a. BIRTHPLACE (State or foreig		T COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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vithin 24 sily filled i within 72	10. CITY OR TOWN OF DEATH	11. NAA	ME OF HOSPITAL OR INS reet address		UAL OCCUPATION (Kind of work don	e 12b. KIND OF BUSINESS OR
	Sykesvill	5 m	inotie 10	Stale T	mast of working life, even if retired	) INDUSTRY
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ow sect	11)9	ISB. COUNTY	-	Baltimore YES X 1	1405 Ham	ilton Ave.
and co	14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME	First Middle	Last
n a se i	Willi		Trout	MZIN AI	nelin -	Block
leath certificate be ending physician c mit. Then please or remaval, and in	16a. WAS DECEASED EVER IN U. Yes, no, or unknown)   (If y	S. ARMED FORCES?	16b. SOCIAL SECURITY N 159-10-09	10. 17. INFORMANT Medici	olkecords Address	
phy en en	No		177210-07	Dpringfields	tate Hospital	ykesuille, Md.
ne death ce attending i permit. The	1B. CAUSE OF DEATH (En	ter only one couse per line	for, (a), (b), and (c).	1 1 1		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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equires that the physician. signed by the burial-transit p burial, cremati	last.	(c)				
requestion signature of the signature of	PART 2. OTHER SIGNIFICAT	NT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	C 35
ding ding deen the tr to	2 associated	with sent	le brain	v \$130250 wit		reaction
te lo tren as b as pric	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PER		CALISES OF DEATHS	CONSIDERED IN CERTIFYING
G PHYSICIAN: The law requires that the death certificate be executed the haspital ar attending physician.  This certificate has been signed by the attending physician and comple detached far use as the burial-transit permit. Then please remave ca bept. at Health priar ta burial, crematian, or remaval, and in any event	190. DATE OF OPERATION  21a. ACCIDENT WAS UNDI	PLYING TOUR TIME OF I	MILIDY	YES NO	*	
IAN rol o ficat far He		OF DEATH HOUR A.M.	Month Day Year	21c. HOW INJURY OCCURRED (Ent	er noture of injury in Port 1 or Part	2, Item 1B.)
SICI Ispito Ped to 1. of	OR CONTRIBUTING CAUSE (If either, notify medical e		T HOME CADM STREET CAC			
G PHYSIC the haspi this certi detached te Dept. at	While Not while	218. PLACE OF INJURY	OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street or R.F.D. N	o. City or Town	County State
e <del>d +</del> + e	at work at work	7 (this hasnital) attach	ded the deceme	d fram March 24, 194	/G7 to =	0 ( ) 1 ( ) ( ) ( )
	saw the deceas	ed alive an June	e 23.	9 69 and that in (bev) (our) ar	pinian death accurred on the	date and have and from the
ATTEND etained CTOR: A shauld vith the S	causes stated a	bave, (we) (did) (a	at) view the l	9 <b>G</b> , and that in ( <b>M</b> ) (aur) are bady after death.	and additional and the	date and hadr and ham the
OR ATTENDIN be retained by DIRECTOR: After ge 3 shauld be ed with the Stat	22b. SIGNATURE	(1)	DO 1	ATTENDING	MED. STAFF 72	c. DATE SIGNED
OR be re DIRE	4 20	- Mu	offly ple		MED. DIRECTOR D STAFF PHYS. D	123/69
nay tal.	22d. PHYSICIAN'S NAME (Type)	In C Mul	Lohu D	22e. ADDRESS	11 5/ 1/1/20	5. 4 1/6 5
Page 4 may be retained To FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	10	) 17017	1 '1 // '	~ dride	eld Statethoops	sylles Ville 16 D
HC dge	23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 6/26/69.		EMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City or Town)	(County) (Stote)
5 5 0 0	24. FUNERAL DIRECTOR	0/20/09.	ADDRESS	Tark Celle Cery	Baltimore	I'IU
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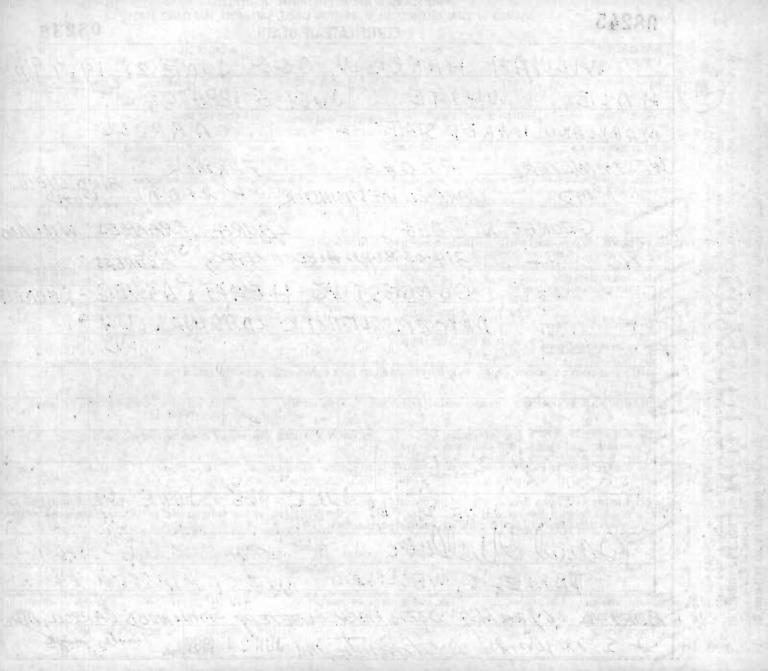
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	1 %		22222	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	08236
			08243		
			111.1020	CERTIFICATE OF DEATH	E.S.T.
	573	1. D	CEASED-NAME . First	Middle Last 2a. DATE OF DEATH	2b_HOUR
	कं कर्		ype ar print)	VD Manth Day	Year 14:15
	8 2 8		40	June 15, 1	969 12:15 a. M
	in EAS	3. SE	X	4. RACE S. DATE OF BIRTH 6. AGE (In years	UNOER 1 YEAR IF UNOER 24 HRS.
	# 88		M	lest birthday) M	ONTHS DAYS HOURS MIN
	\$ = 0.5		/ /	Aug. 10 110 1 64 YRS.	
	by by		SIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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	in Selection of the property o	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind af wark dane	12b. KIND OF BUSINESS OR
		7	BNEVICUN	give street address) during-most of working life, even if retired.)	INDUSTRY/
	urted waith	11	7/1-//	CHANNING FACTOR	MESCHER
	9 9 9 6			ed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
	5 E 0 3 1	aam	ssion) STATE	13b. COUNTY CARROLL TANENTOCIN YES NO 1 YORK S	
	9 9 5 500	-	ATHERIC MANE		
	a pue	14. 1	ATHER'S NAME First	Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
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	equires that the death certificate be exemplysicion. Signed by the attending physician and control of the burial-transit permit. Then please remaind, crematian, ar remaval, and in any	160	WAS DECEASED EVER IN U.S. ARM	NED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
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	if ye lo		NO	NO BONNE 218-07-1406 MARIAN L. RICKETTS U	YION TORIDGE
	d de la		10 CANCE OF DEATH /Finter on	F 6 (A) (A) 1/A)	APPROXIMATE INTERVAL
	attending permit. The		PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c).)	BETWEEN ONSET AND DEATH
	attendi permit. ian, ar r		PAKI I. DEAIN WAS CAUSEL	TE CAUSE (a) ARTERIOS CLEROTIC HEART DSEASE	L5 yrs.
	de the		4123		
	e e e		7700		
	t th the sit p		Canditians, if any, which gave	(b) Generalized <b>EXERC</b>	15 yrs.
	y Y		rise ta immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF	
	# 10 4 5 5		stating the underlying cause	DOLLO, ON TO A CONSEQUENCE OF	
m	equires that the physicion. Signed by the burial-transit burial, cremat		last.	(c)	
~?	in the same		PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
11	ng F en s en s te b				
11.	7 ± e ≡ ×	8	ever	e Emphysema	
1.	The law re attending has been se as the th prior to	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CON	SIDERED IN CERTIFYING
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	e de la constante de la consta		OR CONTRIBUTING CAUSE OF DEAT	G 21b. TIME OF INJURY H HOUR A.M. Month Day Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	m 18.)
	d fifting a first of the state	2	(If either, natify medical examin	ner) P.M. 19	
	the haspital ar attendir the haspital ar attendir this certificate has bee detached far use as th e Dept. af Health prior t	MEDICAL	214 INITIDY OCCUPATED 21-	PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	Caunty State
	ep est se pe		While Nat while	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	coonly
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	ATTENDING PHYS etained by the hast CTOR: After this cal should be detache vith the State Dept.	1374	22a I cartify that (1) (the	school attended the deceased from 10 April , 19 44, to 15 June , 19 6	Q that (1) (araclast
	by Affer Stal		saw the decoased a	ive an 7 June 1969, and that in (my) (6%) apinian death occurred an the date	and hour and from the
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	ER T		NAME (Type) Robe	rt S. McVaugh M.D. Taneytown, Maryland	
	ST S	230	BURIAL, CREMATION, 23b. I	DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
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	VD 41642	24.	FUNERAL DIRECTOR	ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	
	30M REV. 1 68	1	11 Dust	the + Sons UNION BRITHUN 1 9 1969 Ochiant	as Judge
				The state of the s	



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08237 CERTIFICATE OF DEATH DECEASED-NAME First Middle Inst 2b. HOUR 20. DATE OF DEATH (Type or print) Month JOHN WESLEY NI CHOLOSON 6:30 M 3. SFX 6. AGE (In years lost birthday) 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS executed within 24 hours aft DAYS HOURS Male 04-15-99 Whi te 70 YRS and campletely filled in by 7g. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED remove carbon papers. country) DIVORCED [ Maryland U.S.A. WIDOWED T Carroll within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Springfield State Hospital during most of working life, even if retired.) YATSUUNI Sykesville 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 1.3c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland 13b. COUNTY NO 🖵 Howard YES Dayton Linthicum Road in ony 14 FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost John Richard Nicholoson Sarah Lucas please andi physicion requires that the death certificate 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) or removol, the attending phys 577-10-8112-A Records. Springfield State Hospital 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) GETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Heart Failure IMMEDIATE CAUSE (o) \_\_\_ davs buriol, cremation, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if any, which gave ) Arteriosclerotic cardiovascular disease. vears rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF physicion. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) of Heolth prior to for use os the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES 😿 NO | TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 moy be retained by the hospital or certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M director, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work TO FUNERAL DIRECTOR: After this 22a. I certify that (I) (this hospital) attended the deceased from 12-6-66, 19, ta 6-18-69, 19 saw the deceased alive an 6-18-69 19, and that in (my) (our) apinion death occurred on the do \_, and that in (my) (our) apinian death occurred on the dote and hour and from the couses stated abave, (I) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE 6-18-69 PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Springfield State Hospital NAME (Type) Octavio Ruiz, M.D Sykesville, Maryland 2178h 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE (County) (Stote) 210N Howpra 24. FUNERAL DIRECTOR Higinbolhan-Slack

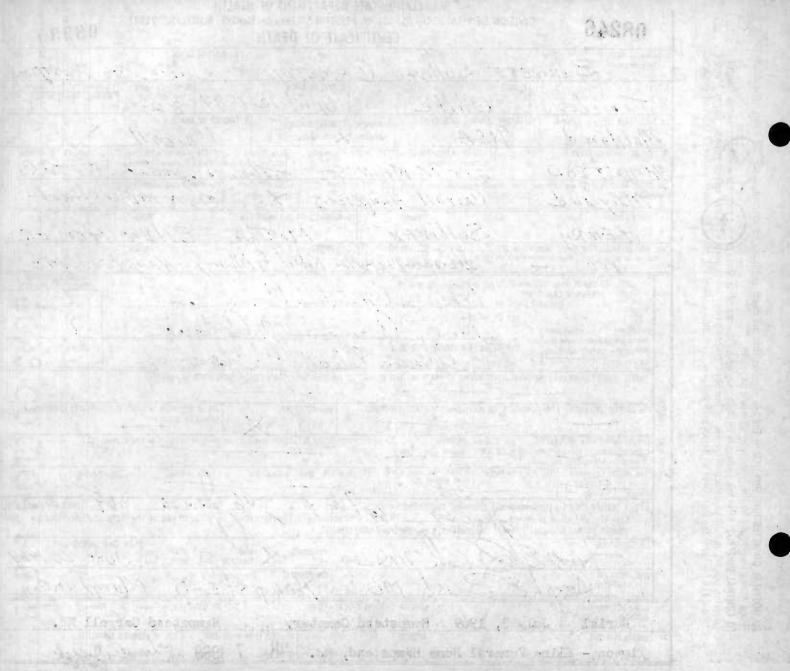


			MARTLAND STATE DEPARTMENT OF HEALTH	
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7			CERTIFICATE OF DEATH	08238
death.	and 2 death.		CEASED-NAME First Hiddle HARRISON OGG 20. DATE OF DEATH SPECIAL STATE OF DEATH SPECIAL STAT	ay 1 year of 950 M
s offer	the funeral 20ges 1 and 2 and 2 as offer death.	3. St		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN.
4 haur		7a. cou	IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?  TO ARYLAND UNITED STATEWIDOWED DIVORCED 9. COUNTY OF DEATH  CARROL	L Md.
within 2	rely filled rough page within	10.0	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Beuted	we cal	odm	USUAL RESIDENCE (Where deceosed lived, of institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER ssian) STATE 13b, COUNTY CARROLL WESTMINGTEN NO R.F.D. # 6	BIRD VIEW
Se ex	lease rema	14. 1	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle  GEORGE N. OGG LAURA FRANC	ES WIZLIAM
tificate	ohys val,		WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknawn) (If yes give war or dates of service) 2/4-03-7339-31 ALBERT LEPPO, SAME ADDR	ESS
that the death certificate be executed within 24 haurs after death	anding nit. The		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  ONGESTIVE HEARTPAILVE  HIS ALL DUE TO, OR AS A CONSEQUENCE OF	- TOTAL BY
S that the	the mat		Conditions, if ony, which gave rise to immediate couse (o). Storing the underlying cause lost.  (b) ARTERIOSCLIENTE CARDIOVASCUL.  DUE TO, OR AS A CONSEQUENCE OF	ALC - S
requires the		2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
The law reattending	After this certificate has been be detached far use as the State Dept. at Health prior to	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO PARTICULAR NO PARTICULAR PROPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	
ICIAN:	rtificate ed far u af Heal	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (If either, natify medical examiner)  21b. TIME OF INJURY  HOUR A.M. Month Doy Year  P.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2)	, Item 18.)
G PHYS	this ce detache te Dept.	W	21d. INJURY OCCURRED While Of work 21d. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town of work 21d. Not work 21d. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town	Caunty Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires Page 4 may be retained by the hospital or attending physici	FUNERAL DIRECTOR: After this cartificate has been rector, page 3 should be detached far use as the goald be filed with the State Dept. of Health prior to		22a. I certify that (I) (this hospital) attended the deceased from 1905, to 1905, to saw the deceased alive an 1907, and that in (my) (aur) apinian death accurred an the causes stated abave, (I) (ye) (did) (did not) view the body after death.	9 <u> </u>
OR AT	DIRECTOR: A spould led with the		DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRECTOR PHYS. D	DATE SIGNED - 21-69
SPITAL 4 may	Shauld be filed		22d. PHYSICIAN'S NAME (Type) DANIELI. WELLIVER 22e. ADDRESS WEST MINST	EN MD
TO HC	To Fu	1	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)  SEMOVAL (Specify) 6/24/69 DEER PARK CEMETERY SMALLWOOD  FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR	CARROLL MD
	VR (1/5-14) 30M REV. 1/68		J. S. myer, J. Westminster M. DATE UN 2 4 1969	S Joseph



V.	Also .	1			201 W DECTON CER		I AND OLOOL	
30	11		08246	DIVISION OF VITAL RECORDS,			LAND 21201	08000
11			11(1620		CERTIFICATE OF D	EATH		08239
	h. 24		CEASED-NAME First	Middle	Lost	2o. DATE OF DE		2b. HOUR
	eaf era eof	(	ype or print) Sign	YETT SullIVAN	ORMST	on 1	Month Doy	1969 17:10 AN
	er death. funeral s I ond 2 ter deoth.	3. SI		4. RACE	S. DATE OF BIRT			IF UNDER 1 YEAR IF UNDER 24 HRS.
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	Pag Pag	1	1.4Hale	White	10		8 21 YRS.	
	hours after death In by the funeral rs: Pages 1 ond 2 thours after deoth	/0.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRI		ATH	
	7.2 E	/	V/Aryland	USA.	WIDOWED DIVORCE	ED (a	rroll	Md
	E B.E	10. (	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital	120. USUAL OCCUPATION (K		12b. KIND OF BUSINESS OR
	within within	14	4140STEAD	give street address)	TAIN St.	during most of working life	perater	INDUSTRY Tol Co.
	7 2 7	130.	USUAL RESIDENCE (Where deced	sed lived, if institution: Residence before	13c. CITY OR TOWN 13c	id. INSIDE CITY LIMITS? 13e. STREE	T AND NUMBER	1 1
	eve of	odm	issign Tary land	13b. COUNTY (Arroll )	HAMPSTEND !	YES NO□ 218	NAPAIN	Street
	XX ( P E E	14.	ATHER'S NAME First	Middle Lost	15. MOTHER'S MAID	DEN NAME First	Middle	Lost
	2	140	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT.	ARIAA E	Address Address	HOUVER
	requires that the deoth certificate be executed physicion.  signed by the ottending physicity and comples buriol-transit permit. Then please temovy co buriol, cremotion, or removal, ond comprehense	100		war or dates of service) 212-03-64	10 1	of Murray	HAMPST	END MY
	certify g phy Then movc		18. CAUSE OF DEATH (Enter o	nly one couse per ling for (g), (b), and (c)		0	-	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
	te deoth ce ottending permit. Th		PART I. DEATH WAS CAUS	D BY:	I mitatation	1 200		DETWEEN DRISET AND DEATH
	dec tten tten tten ', o		153. 8 IMMED	MIE CHOSE (0)	1 may we	accumono.		/
	tion		Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF	//	O ( Jula.	, ,	
	at at sit at our		rise to immediate couse (a),	(b) reming	Memoria	- Joseph	V.	1
	equires that the deoth certifiphysicion. Signed by the ottending phyburiol-tronsit permit. Then buriol, cremotion, or remova		stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	and itoris	a ( flow		
00	quir obys ign ouric		PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL I	DISEASE OR CONDITION GIVEN II	N PART 1(o)	
M	w relating I	z			-			
'n	e low ratending as been os the prior to	ATIO	19o. DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPS			NSIDERED IN CERTIFYING
1	The low re re other than the low re that the low re not the loss of the latth prior to	CERTIFICATION			YES 🗆	NO CAUSES OF	DEATH?	
,		GR	210. ACCIDENT WAS UNDERLYI	NG 21b. TIME OF INJURY	21c. HOW INJURY OCCUP	RRED (Enter noture of injury i	in Port 1 or Port 2, Ite	em 18.)
	clan ificat for for f Hee	₹	OR CONTRIBUTING CAUSE OF DE		_			
	rsic pspi pspi reert hed t. o	MEDICAL	(If either, notify medical exam 21d. INJURY OCCURRED 21e	P.M. 1  PLACE OF INJURY (AT HDME, FARM, STREET, FA		or R.F.D. No.	Town	County State
	by the hospitol or by the hospitol or fler this certificate be detoched for u Stote Dept. of Healt		While Not while	OFFICE BUILDING, ETC.	) I'm tournon snoor			
	o t t b e		at work of work	is basis IV Asadad sha dasas	711-11	, 1966, John	30 107	g show the town love
		10	caw the deceased	nis hospital) attended the decease	1962, and that in (my)	Lord anining doubt acc	urred on the date	7, that (H) (we) las
	ATTENI retoined ECTOR: / should with the		causes stayed abay	e, (I) (ye) (did) (did not) view the	bady after death.	, gor, apinion again acc	oned an mic dan	c and naci and nam me
	F S C S S S S S S S S S S S S S S S S S		22b. SIGNATURE	21/1		1 400	22c. D/	ATE SIGNED
	rial OR ATTENI may be retained RAL DIRECTOR: A poge 3 should be filed with the	Н	Vry?	2 Quel n	DEGREE PHYS.	MED. DIRECTOR D	STAFF DI JO	INC 30.1969
	AL Coy		22d PHYSICIAN'S	1001	22e. ADDRE	SS /	- X/	1-1
	O HOSPITAL OR ATTEN Page 4 moy be retoined O FUNERAL DIRECTOR: director, poge 3 should should be filed with the		NAME Type Josep	46 (DUSh 1	YID. HA	9mp8TEA1	) $ X a$	ry/anc
	O HOSPI Page 4 m O FUNER director, should b	230.	BURIAL CREMATION, 23b.		CEMETERY OR CREMATORY	23d. LOCATION		(County) (Stote)
	5-500	_			stead Cemetery		stead Carr	
	VR A15 (4)	24.	FUNERAL DIRECTOR	ADDRESS		250. REC'D BY REGISTRAR 7 1969	2Sb. REGISTRAR'S SI	GNATURE
	30M REV. 1/68		Tipton - Elin	e Funeral Home Ham	pstead, Md.	JAHL 7 1969	polione	ndal

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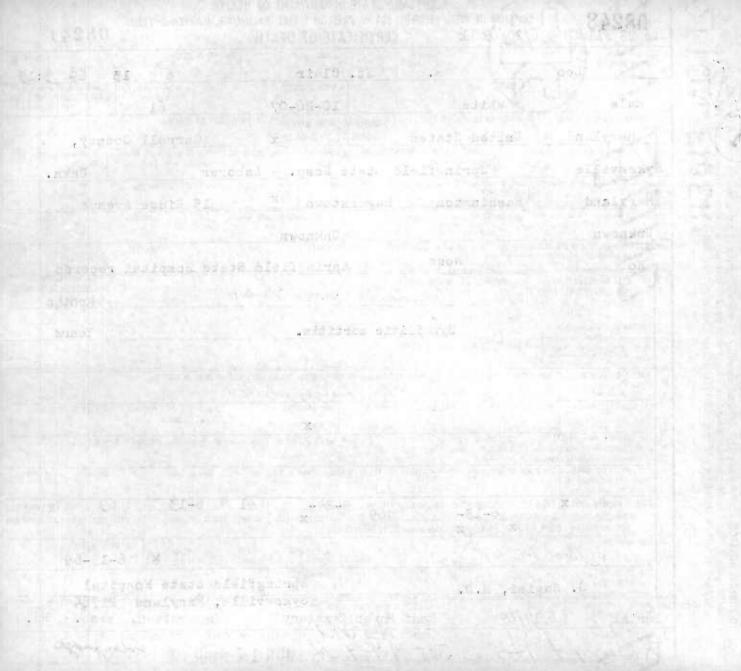


1 0824	DIVISION (		OI W. PRESTON STREET, BALT RTIFICATE OF DEATH	TIMORE, MARYLAND 21201	08240
1. DECEASED-NAM (Type or print) 3. SEX fema 7o. BIRTHPLACE (country) Ma 10. CITY OR TOW Rural— 13o. USUAL RESIG odmission) STA 14. FATHER'S NAM 16o, WAS DECEA		Middle Frances	lost Ru <b>th</b>	20. DATE OF DEATH Month Doy	Yeor 2b. HOUR
3. SEX fema		white	S. DATE OF BIRTH 5/7/83	6. AGE (In years birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS, MONTHS DAYS HOURS MIN
76. BIRTHPLACE (country) Ma	Stote or foreign 7b. CITIZEN OF Tyland USA	1	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Carroll	Md.
10. CITY OR TOW Rural	Sykesville 9	NAME OF HOSPITAL OR INSTITUTE Springfield S	tate Hospital	AL OCCUPATION (Kind of work done nost of working life, even if retired.) Saleslady	12b. KIND OF BUSINESS OR INDUSTRY Sales
30 USUAL RESID odmission) STA	PENCE (Where deceosed liyed, if instance   13b. COUNT	itution: Residence before 1:	3c. CITY OR TOWN 13d INSIDE CITY	13e. STREET AND NUMBER 2764 The Ala	ameda
4 14. FATHER'S NAM	XXXXXXXX Dav	ld Ruth		First Middle	Hess
160. WAS DECEAS Yes, no, or unl	ED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service)	16b. SOCIAL SECURITY NO. 217-4:8-9791	Springfield Ho	Address spital records, S	
18. CAUSE PART	OF DEATH (Enter only one couse pe DEATH WAS CAUSED BY:		Heart failure		APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
rise to imn	DUE TO, C	OR AS A CONSEQUENCE OF  Nephroscle  OR AS A CONSEQUENCE OF			years
symda				condition given in part 1(0) Chi	
		WHICH OPERATION WAS PERFO		20b. IF YES, WERE FINDINGS C	
₹ □ OR CONTRI	NT WAS UNDERLYING 21b. TIME SUTING CAUSE OF OEATH OTIFY medical examiner)	OF INJURY M. Month Doy Year M. 19	21c. HOW INJURY OCCURRED (Ente	er noture of injury in Port 1 or Port 2,	Item 18.)
While of work	Y OCCURRED 21e. PLACE OF INJUR		Y.) 21f. LOCATION Street or R.F.D. No.		County State
saw	rtify that (\$\(\sum_{\text{this haspital}}\) of the deceased alive an tes stated abave, (\$\(\mu_{\text{this haspital}}\) (we) (di	6-6191	€ 9, and that in (₩XX (our) an	68, ta <u>G-G</u> , 19 inian death accurred an the do	te and haur and fram the
22b. SIGNAT	Stoent J.	Dagies M.	DEGREE ATTENDING DEGREE PHYS.	MED. STAFF DIRECTOR PHYS. A 22c.  ingfield State Ho	DATE SIGNED  6-6-69  Spital
NAME	(Type) Glockito	SAGISÍ	Syk	esville, Maryland	l
230. BURIAL, CRE BURIE	Pacify) 6/70/69	Holm	Redeemer	23d. LOCATION (City or Town)  Baltimore	(County) (Stote)
A FUNERAL DIR	enkins & Sons	Co. 4905 Y	ork Road DATE DATE	BY REGISTRAR 3 1969 PEGISTRAR'S	signature Junge

MAKTLAND STATE DEPARTMENT OF HEALTH

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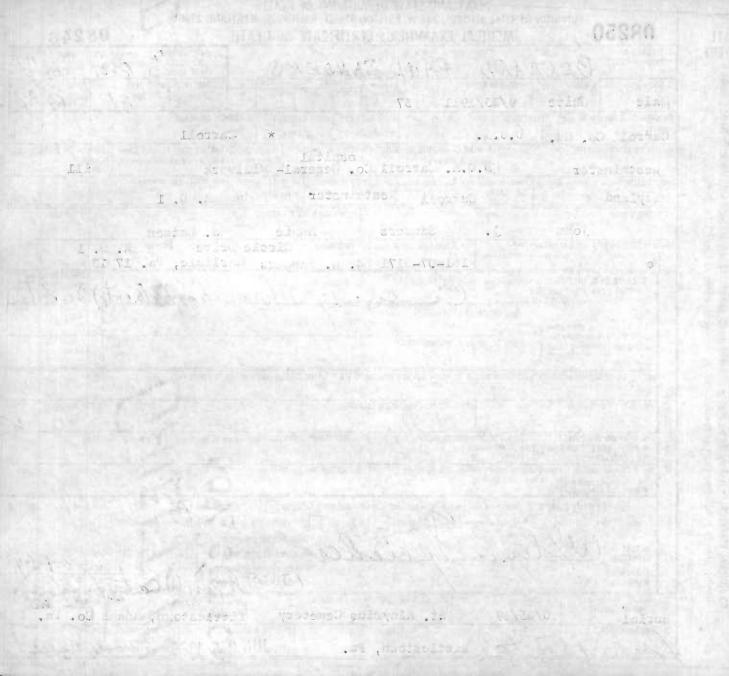
1	18248 Item23 FilmG413	DIVISION OF VITAL RECORDS	S, 301 W. PRESTON STREET, BAI  CERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	08241
hours after death.	1. DECEASED-NAME (Type ar print)	rst Middle E.	lost St. Clair	2a. DATE OF DEATH Month Day	2b. HOUA 69 5:15
	3. SEX	4. RACE White	S. DATE OF BIRTH	6. AGE (In years last bighday)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	7o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
1 a 2 c	(country) Maryland	United States	WIDOWED DIVORCED	Carroll Co	unty. Mc
12	10. CITY OR TOWN OF DEATH  Sykesville	give street oddress) Springfiel	d State Hosp. during	UAL OCCUPATION (Kind of work done mast of warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Unkn.
21	Maryland Maryland	eosed lived, if institution: Residence before 13b. COUNTY	Hagerstown YESK	NO 315 Ridge Av	
2	14. FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME	First Middle	Last
		ARMED FORCES? ve war or dates of service) 16b. SOCIAL SECURIT		Address	
	IR CAUSE OF DEATH (Enter	anly ane cause per line far (a), (b), and (	Springfield	State Hospital	records APPROXIMATE INTERVAL
	PART I. DEATH WAS CAL	SED BY: DIATE CAUSE (0)	the Host Tas	lure	Months  Months
	Conditions, if any, which gar rise to immediate cause (c	), ( (b) <b>Dy</b> (11111	itic aortitis.		Years
1	stating the underlying couldst.	(c)			
	(6,	even Lys Cline 2		li.	
	TILLER	b. CONDITION FOR WHICH OPERATION WAS F	YES NO [		
	OR CONTRIBUTING CAUSE OF I	EATH HOUR A.M. Month Doy Yeo miner) P.M.	r 19	er nature of injury in Port 1 or Part 2, 11	tem 1B.)
	While Nat while at wark		ACTORY, 21f. LOCATION Street or R.F.D. N		County State
	couses stated and	this haspital) attended the decear alive an 6-13- ve, (1) (%e) (did) (didenot) view the	sed fram <u>9-24-</u> , 19 19 <u>69,</u> and that in ( <b>pcy</b> ) (aur) as body after death.	41 , to 6-13 , 19- pinian death accurred an the dat	69 , that (* (we) last te and haur and fram the
Page 4 may be retained by the haspital or FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for a shauld be filed with the State Dept. of Hea	22b. SIGNATURE	The y Dagis		AMED CTAFE	PATE SIGNED -13-69
		agisi, M.D.		field State Hosp:	ital
2	BREMOVAL (Specify)	/17/69 Rest	M. Oal	Hagerstown,	(toenly) (State) Wash Md
)	24. FUNERAL DIRECTOR	Home 305	25a. REC'D	BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE



					MARYLA	ND STATE DEPARTMEI	NT OF HEALT	H		
1	/		08249	DIVISION	OF VITAL RECORDS	, 301 W. PRESTON STRE		, MARYLAND 21201		
			HUMAA			CERTIFICATE OF D	EATH		0824	2
ŧ.	# 2 = # 2 =		CEASED-NAME ype or print)	First	Middle	Last	2a. [	DATE OF DEATH	V	2b. HOUR
dea	tuneral r 1 and 2 ret death.	(1	ype or print)	EMMA	N	SA/losto	6	une Month /3 Doy	1969	5:15
ter.	產工	3. SE	X O	4. RACE	1 4	S. DATE OF BIRT	H <sub>1</sub>	6. AGE (In years last birthday)		UNDER 24 NRS.
s of	( = 5 5)		Lemale	N	nice	3/28/	1894	YRS.	MONINS DATS I	OURS MIN.
IN OU	S Pours	70.	IRTHPLACE (Stote or fore		F WHAT COUNTRY?	8. MARRIED NEVER MARRIE	ED 9. COU	NTY OF DEATH		
24 1	illed in papers hin 72 h	-	Trederich	Co. W		WIDOWED DIVORCE		Currall		Mo
vithin	ely fillectory within	10. (	MANCH	este-		NSTITUTION (If not in haspital		PATION (Kind of wark dane rorking life, even if retired.)	12b. KIND OF BU INDUSTRY	SINESS OR
duted \	campletely filled in tave carban papers. y event, within 72 h	13a. adm	USUAL RESIDENCE (Where ssian) STATE	e deceosed lived, if ins	stitution: Residence before TY	Baltimare Y	1. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	dison	5+
f xe	H and	14. [	ATHER'S NAME First	Midd	lle Last	1S. MOTHER'S MAID	EN NAME First	Middle		Lost
28	lease re and in		SAN	npul	FTAI	EY MA	rv S	IMMON	5	
he law requires that the death certificate be executed within 24 hours after death	physician and cam en please remave aval, and in any ev	16a.	was deceased ever in es, no, or unknown)	U.S. ARMED FORCES? If yes give war or dates of service	16b. SOCIAL SECURITY	/ /	rito E	Sallo Sto.	St Bal	ety M.
cert	physician. signed by the attending phys. burial-transit permit. Then p burial, crematian, or remaval,		18. CAUSE OF DEATH (	Enter anly one couse c	er line for (o), (b), and (	1)			APPROXIMAT BETWEEN ONSE	E INTERVAL
at t	the attending sit permit. Th natian, or rem		PART I. DEATH WAS	S CAUSED BY: IMMEDIATE CAUSE (a)	Cononau	" Thermhon	in		1 dr.	AND DEATH
<del>g</del>	attendi permit. ian, or r		4109		OR AS A CONSEQUENCE O		, /			
Ě	the particular particu	=	Conditions, if any, which	h gove)	arter		Hean	1 Direaux.	5 w	->
that	by 1 rans rem	5	rise to immediate caustating the underlying	se (o), DUE TO,	OR AS A CONSEQUENCE O					
es S	physician. signed by the burial-transit burial, cremat		last.	(c)						
ig.	phy sign burn		PART 2. OTHER SIGNIFIC	ANT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE OR CONDITIO	N GIVEN IN PART 1(a)	~	
× ×	ling een the r ta	S	aunt	ives	J Live	n der	anda	in anem		
The la	Page 4 may be retained by the haspital or attending <b>D FUNERAL DIRECTOR:</b> After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR	R WHICH OPERATION WAS F	PERFORMED 20a. AUTOPS	Y?	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERT	IFYING
ž	icate ha far use Health h		210. ACCIDENT WAS UN		AE OF INJURY		RRED (Enter noture	of injury in Port 1 or Port 2,	Item 18.)	
S S	pital rtific d fo af H	MEDICAL	or CONTRIBUTING CAUSE	1 examiner)	P.M.	19				
PHYSICIAN:	by the haspi fter this certi be detached State Dept. at	1800	21d. INJURY OCCURRED While Not while at work	TOTAL DIACE OF INIII	JRY ( AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY,) 21f. LOCATION Street of	or R.F.D. Na.	City ar Town	Caunty	Stote
NG	by th frer t be d State		22a. I certify that	(1)/(this haspital)	attended the decea	sed from 6/3	1969	to 6/13 . 19	69, that H	T(we) las
OR ATTENDING	Page 4 may be retained by th  O FUNERAL DIRECTOR: After director, page 3 shauld be d shauld be filed with the State		saw the deced	ased alive on	(d) (did nat) view the	1969, and that in (my)	(aur) apinian d	eath accurred an the do	ite and haur an	d fram the
J A	SECT 83 sh with		22b. SIGNATURE	NI	1 11	ATTENDING	MED.	STAFF C	DATE SIGNED	
0	be ijed		OUT DIRECTORY,	117000	ma M	DEGREE PHYS.	DIRECTOR	LJ PHYS. LJ (	9/13/6	7
O HOSPITAL	4 may VERAL tar, po		22d. PHYSICIAN'S NAME (Type)	W. It	roArd	MD M	Ancho	ester, n	1 211	02-
TO HO	Fage 4 m For Funer, director, shauld b	23a.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 6-17-69	Palt	CEMETERY OR CREMATORY	23d.	EQCATION (City or Town)	(Sounty)	(State)
	VR A15 438	24.	FUNERAL DIRECTOR	Such	1211 Ches	1 V	SO, REC'D BY REGIS	TRAR 2Sb. REGISTRAR'S	SIGNATURE	e :

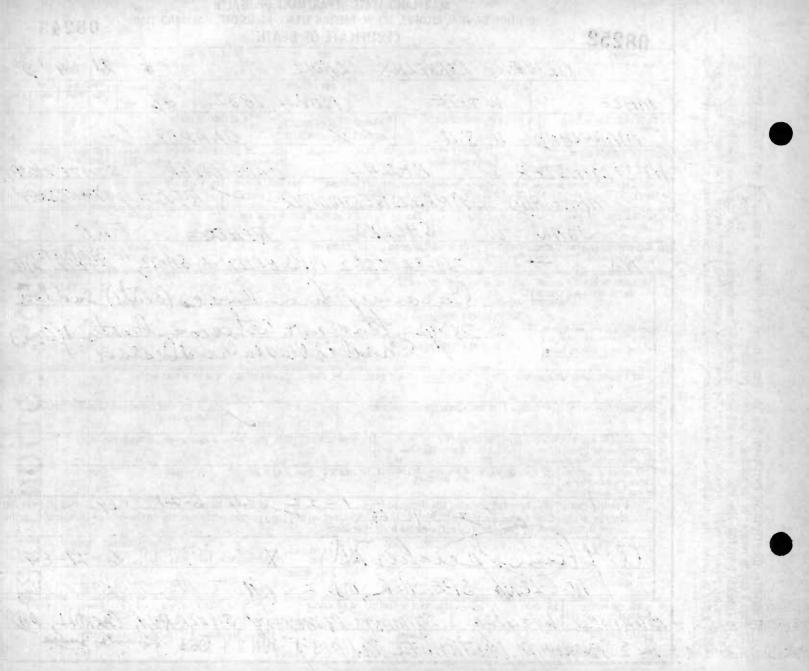
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	08250 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08243
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth	
0 0 0 0 1 c	(Type or Print) BERNARD PAUL SANDERS DEATH MATED 6	-21 1969 BN
deloy is and 3 to M3. Page	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years if under 1 YEAR if under 24 HRS 2c. DATE PRONOJUNCED DEAD	26, HOUR
	Male White 9/25/1911 57 YRS HOURS MIN Manth 6 Day 2	/ Year 1969 3.5 M
2, 2, P	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
e D	Carroll Co. Md. U.S.A. WIDOWED DIVORCED T Carroll	Me
death with 199	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION, (If nat in, hospital 12a. USUAL OCCUPATION (Kind af wark dane	
ofter death 8. Give Poges along with fo with the State leath.	Westminster D.O.A. Carroll Co. General- Millwork	Mi 11
s ofter alange alange with	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
2 w 2 w	Madrisiona AME 13b. COUNTY Carroll Westminster YES NO R. D. 1	
haurs ofter Item 18. Giv Office alang Iond 2 with th	14. FATHER'S NAME First Middle Lost 15. MDTHER'S MAIDEN NAME First Middle	Last
24   24   in   in   in   in   in   in   in   i	John J. Sanders Annie S. Watson	
	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Circle Drive ADDRESS R.	
within n pencil Exomine Exomine File pog	(Yes, no, or unknown) (If yes give wor or dotes of service) 181-07-3171 Z. W. Sanders Carlisle, Pa. 13	
be executed "pending" in lief Medical E insit permit. F event within	1B. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPRDXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in lief Medical E insit permit. I event within	IMMEDIATE CAUSE (a) Caronaly Thromhoses (al	up Judden
ex f M f M iit p ent	DUE TO, DR AS A CONSEQUENCE OF	
d be d "p Chie rans	rise to immediate cause (a). (b).	
should be to word "pe to the Chief to the Chief burial-transit in any ever	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	A BALL AND
the short to the short a burn and in	(c)	
S sego	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
is certificate, writin forward a used a removal,	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTDPSY?
this certificate, writh	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2).	YES NO D
T 0 0 0 1	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2,	
	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e PLACE OF INJURY (At home form street 21f LOCATION Street or R.E.D. No. City or Town	**
INE construction of the co		Caunty State
EXAMINER: cute the cert age 4 should your files. Poge 3 shoul	WHILE NOT WHILE of factory, affice building, etc.)	
G > 0, ~~	22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection Autopsy Inquiry (	ond in my opinion
ICAL I exector. Popular for CTOR: burial	death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manne	
please e retained DIRECTOR TO	CHIEF MEDICAL EXAMINER	
ny, ple ry, ple eral di be refr RAL Di prior		TE SIGNED
ony be ERA	DEPUTY MEDICAL EXAMINER	6-21,-64
TO DEPUTY necessory, in the funeral 5 may be recorded to FUNERAL Health print	NAME (Type) APORES STREET ITY PROPERTY (LOCAL)	windless
5 a t 2 0 8	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	acomple hoor
	Burial 6/25/69 St. Aloysius Cemetery Littlestown, Ada	
	24. CHIVERAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR	
VR A15ME (5) 10M REV. 1/68	Vichard S. Little Littlestown, Pa. DATE JUN 2 5 1969 Police	men Judge

MARYLAND STATE DEPARTMENT OF HEALTH



, 1				D STATE DEPARTMENT OF				
_		08251		301 W. PRESTON STREET, BAI CERTIFICATE OF DEATH		08244		
Uneral 17 ond 2 17 death.		CEASED-NAME First ype or print)  Joseph A		CHIESSL	20. DATE OF DEATH  6-8-69  Month  Doy	Yeor 2b. HOURP		
n any event, within 72 houss after	3. SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.		
		Male	White	8-5-89	last birthday)	MONTHS DAYS HOURS MIN		
7	o. E	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH			
		wisconsin	U.S.A.	WIDOWED DIVORCED	Carroll	Md.		
l	S	TY OR TOWN OF DEATH ykesville	11. NAME OF HOSPITAL OR IN: give street oddress) Springfield	St. Hospital	UAL OCCUPATION (Kind of work done most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY		
0	3o. dmi	USUAL RESIDENCE (Where deceo	sed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY	NO 13e. STREET AND NUMBER	ita Dniva		
ī	4. F	ATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME	First Middle	Lost		
ı		Joseph Schisse	11	Margaret	YEAGE	R		
	160. Y.	WAS DECEASED EVER IN U.S. AR/ es, no, or unknown) (If yes give v None	MED FORCES? war or dates of service)  16b. SOCIAL SECURITY II 327-07-01	NO. 17. INFORMANT	Address	Md.		
F	i		nly one cause per line for (o), (b), and (c).		t. Hospital Record	APPROXIMATE INTERVAL		
L		PART I. DEATH WAS CAUSE	D BY: Broncho	pneumonia		BETWEEN ONSET AND DEATH		
		41379 IMMEDI	ATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF			days		
		Conditions, if ony, which gove				2000		
ı		nse to immediate couse (o), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			days		
		lost.		ized arteriosclero	sis	yrs.		
ı		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(o)			
I	N	CBS assoc.	with cerebral arte	riosclerosis with	psychotic reaction	1		
	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING		
	ਭ	21o. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical exami	TH HOUR A.M. Month Doy Year		er noture of injury in Port 1 or Port 2, It	em 18.)		
			PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC	TORY.) 21f. LOCATION Street or R.F.D. N	lo. City or Town	County Stote		
			is haspital) attended the decease	ed fram 4-29-69 , 19	, ta_6-8-69, 19	, that (t) (we) last		
-		saw the deceased a	22a. I certify that (XX)(this haspital) attended the deceased fram 11-29-69, 19, ta_6-8-69, 19, that (X) (we) last saw the deceased alive an 6-8-69, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (4) (we) (did) (did not) view the bady after death.					
	ŀ	22b. SIGNATURE	(we) thin) (did not) view the i			ATE SIGNED		
		Jose	4. Kagnel h	DEGREE PHYS.	MED STAFE	8 <del>-6</del> 9		
ı		22d. PHYSICIAN'S	V ()	22e. ADDRESS	DIRECTOR TO PHIS. TO O-	0-09		
		NAME (Type) Jose	A. Raquel, Jr. M.D.	Springfi	eld St. Hospital,S	vkesville.Md.		
2	3a.	BURIAL, CREMATION, 23b.		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)		
L	is	REMOVAL (Specify)	-12-69 HOLYS	EPHL CHRE CEM		211		
2			CHAMBERS CO ADDRESS	2Sq. REC'D	BY REGISTRAR 25b REGISTRAR'S S	IGNATURE		
L	1	400 CHAPIN	ST. N.W. WAS	L. D. C DATE	12 1969 yellanla	o freeze		

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	Annual Control				25 84	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08254 08247 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle ond 2 deoth. Lost 2g. DATE OF DEATH deoth 2b. HOUR (Type or print) Stewart, Sr. Wilmer Ernest within 24 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF LINDER 1 YEAR last birthday) White MONTHS DAYS Ma.1e 7/23/1889 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Carroll Co. Md. .⊆ carbon papers U.S.A. · Carroll letely filled in WIDOWED | DIVORCED [ within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Carroll Co. General Hosp. during most of working life, even if retired.)

Retired Farmer INDUSTRY Westminster Farm burial, cremation, or removal, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? executed 138. STREET AND NUMBER admission) Mary land 13b. COUNTY PRO11 21157 Westminster remove YES R. D. 1 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Last Stewart Joshua Crow1 Ida pleose ottending physician permit. Then pleose the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no ar unknown) (If yes give war or dates of service) 219-20-4467 Mrs. Elvira V. Stewart, Westminster, Md. R-1 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: permit. MYOCHEDIAL INFARCTION ino, IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove ) PTHEROSCIEROTIC CORONARY HEART burial-transit thot rise to immediate cause (o), signed by stating the underlying cause DISEASE VEARS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to os the EUMATIC MD 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? far use YES T After this certificate h I be detoched far use State Dept. of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while 22a. I certify that (I) (this haspital) attended the deceased from 5/23, 1967, ta 6/125, 1969, that (I) (we) last saw the deceased alive an 5/25 1969, and that in (my) (aur) apinian death accurred an the date and haur and from the OR ATTENDING TO FUNERAL DIRECTOR: After be retoined by 3 should I with the S causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE ATTENDING director, poge 3 should be filed v PHYS. DIRECTOR PHYS. 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stota) REMOVAL (Specify) 6/27/69 St. Marys Cemetery Silver Run, Carroll Co. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Littlestown, Pa. Minter Judge DATE JUN 2 7 1969

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7		7	ems 4,5 Film Golyls	257	CERTIFICATE OF D	EI, BALIIMOKE, M. DEATH	AKTLAND 21201	08250	
	er death. funeral s L and 2 ter death.		CEASED-NAME First YPE or print)	Middle LEE	WOODYAR	2a. DATE (	OF DEATH Manth Day	2 69 10	IOUR S
	within 24 hours after death, ely filled in by the funeral bon papers. Pages 1 and 2 within 72 harm effer death	3. 5	MALE 4. RA	WHITE N	s. DATE OF BIRT	1895	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS	24 HRS. MIN
	in by ers. P	7o. cou	IRTHPLACE (State or foreign 7b. CITIZ	EN OF WHAT COUNTRY?	8. MARRIED NEVER MARRI	_ //	DE DEATH	Co.	
	within 24 filled ban pap	10.	TY OR TOWN OF DEATH	give.street address)	ISTITUTION (If not in hospital	12a. USUAL OCCUPATION	ON (Kind of work done and life, even if retired.)	12b. KIND OF BUSINESS ( INDUSTRY	OR
(		13a. odm	JSUAL RESIDENCE (Where deceosed lived, ision) STATE 13b.	if institution: Residence before	13c. CITY OR TOWN 13	Id. INSIDE STY LIMITS? 13e.	R FLORE STREET AND NUMBER 300E.GA	AST PERM CY	
	and cam remave in any ev	14.	ATHER'S NAME First	Middle Last	1s. MOTHER'S MAIL		Middle	Last	
	that the death certificate be exed an. by the attending physician and contransit permit. Then please rema crematian, ar remayal, and in any		WAS DECEASED EVER IN U.S. ARMED FORCES, no. or unknown) (If yes give war or dates o	service)	- 1	AUGUS?	Address	SAME	_
	n certifing phy Then emavo	-	18. CAUSE OF DEATH (Enter only one co	21.5-20: use per line for (o), (b), ond (c)		VOHN Z. V	OUBTHED	APPROXIMATE INTERVA BETWEEN ONSET AND DE	AL ATH
	attending p permit. The ian, ar rema	1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE	TO, OR AS A CONSEQUENCE OF		FAILURE	<u> </u>	12 Hours	
	that the an. by the ransit p		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse DUE	(b) MULT TO, OR AS A CONSEQUENCE OF		<i>leloma</i>		WEEK	5
4	equires that the physician signed by the burial-transit burial, cremat		PART 2. OTHER SIGNIFICANT CONDITIONS	(c)	IOT RELATED TO THE TERMINAL (	DISEASE OR CONDITION GIV	VEN IN PART 1(a)		
2	rending s been as the	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITIO	N FOR WHICH OPERATION WAS PI	ERFORMED 2Da. AUTOPS		IF YES, WERE FINDINGS C SES OF DEATH?	ONSIDERED IN CERTIFYING	
U	HYSICIAN: The hospital or ath hospital or ath certificate had been use other of the last the	MEDICAL CERT		D. TIME OF INJURY JUR A.M. Manth Day Year P.M.	21c. HOW INJURY OCCUP	RRED (Enter noture of in	jury in Part 1 or Port 2,	tem 18.)	
	JING PHYSICI by the hospituter this certifuce this certifuce be detached. State Dept. af	ME	21d. INJURY OCCURRED While Nat while at wark	INJURY ( AT HOME, FARM, STREET, FA	CTORY.) 21f. LOCATION Street		ty ar Tawn		ate
	TENDING ined by 1 ined by 1 ined by 1 ined be		22a. I certify that (1) (this haspi saw the deceased alive an couses stoted obave, (1) (w	tal) ottended the deceose (did) (did nat) view the	ed from 6/30 1967, and that in (my) body ofter deoth.	) , 19 <u>69</u> , to (aur) apinian death	accurred on the da	69 , that (I) (we te and hour ond fran	) last m the
	O HOSPITAL OR ATTEND Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the 8		226. SIGNATURE PRINCENT 9-	freew	ATTENDING PHYS.	DIRECTOR	STAFF 22c. I	DATE SIGNED 69	
	Page 4 may broken broke		22d PHYSICIAN'S NAME (Type) VINCEN	J. Floces, S		CHOR ST.	KESTMIN	STER MI	2
	Page To Ful direct shau		BURIAL, CREMATION, 23b, DATE, 25MOVAL Specify 2	5/69 FAIK	CEMETERY OR CREMATORY	ETERS FRE	TION (City or Town)  DERICK 1	(County) (State)	
	VR A15 (4) 45M - 1 69	24.	L'E. Myer, J	westmin		DATUN 2 4	25b. REGISTRAR'S	SIGNATURE SIGNATURE	Te.

